



OFFICIAL RECORD
AMY ELMER, RECORDER

Return this application to:

Agricultural Use Assessment Application

REVIEW THE ATTACHED INSTRUCTION SHEET FOR DIRECTIONS ON HOW TO FILL OUT THIS FORM. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the name and address of each owner of record or his representative:

Owner: EZJG Caliente Land LLC Owner: _____
Address: 7408 Oak Grove Avenue Address: _____
City/State/Zip: Las Vegas NV 89117 City/State/Zip: _____

2.) What is the size of the subject parcel? 18.249 Acres +/-
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): APN 003-220-15

4.) Legal Description: Pending Surveyor's Completion

5.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes No _____
If yes, attach proof of income. the land was leased for agricultural purposes @ \$30,000/year by separate entity - prior owner was the landlord

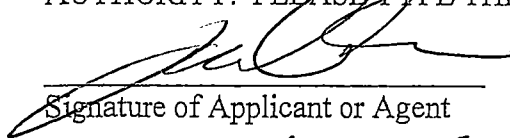
6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 2008.

7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.) Cultivation

8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? The agricultural zoning/designation was in place in 2005 and remained agricultural to current.

The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days of the conversion.

EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

 member manager 4/3/19
Signature of Applicant or Agent Capacity Authority Date

JOHN C. GOSS
Print Name of Applicant or Agent

7408 Oak Grove Ave WNW 89117 702-373-1169
Address Phone Number

Signature of Applicant or Agent Capacity Authority Date

Print Name of Applicant or Agent

Address Phone Number

Signature of Applicant or Agent Capacity Authority Date

Print Name of Applicant or Agent

Address Phone Number

Attach additional signatures as necessary.

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- | | | |
|---|---------------|------------|
| <input checked="" type="checkbox"/> Application Received | <u>4-5-19</u> | <u>MJA</u> |
| | Date | Initial |
| <input checked="" type="checkbox"/> Property Inspected | <u>4-5-19</u> | <u>MJA</u> |
| | Date | Initial |
| <input type="checkbox"/> Income Records Inspected: | _____ | _____ |
| | Date | Initial |
| <input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant | _____ | _____ |
| | Date | Initial |
| <input checked="" type="checkbox"/> Application forwarded to Department of Taxation | <u>4-5-19</u> | <u>MJA</u> |
| | Date | Initial |
| <input type="checkbox"/> Department of Taxation returned application | _____ | _____ |
| | Date | Initial |

Reasons for Approval or Denial and Other Pertinent Comments:

Signature of Official Processing Application

Title

Date

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

<input checked="" type="checkbox"/> Application Received	<u>4-5-19</u>	<u>MA</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>4-5-19</u>	<u>MA</u>
	Date	Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>6/6/19</u>	<u>KP</u>
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>6/11/19</u>	<u>KP</u>
	Date	Initial
<input checked="" type="checkbox"/> Application forwarded to Department of Taxation	<u>4-5-19</u>	<u>MA</u>
	Date	Initial
<input checked="" type="checkbox"/> Department of Taxation returned application	<u>6/12/19</u>	<u>KP</u>
	Date	Initial

Reasons for Approval or Denial and Other Pertinent Comments:

Mark R. Hall
Signature of Official Processing Application

ASSESSOR 6-14-2019
Title Date