

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

RECEIVED
NOV 21 2024
MADERA COUNTY
BOARD OF SUPERVISORS

Madera County Assessment Appeals Board
Attn: Clerk of the Board of Supervisors
200 W. 4th Street, 4th Floor
Madera, CA 93637
Office: (559) 675-7700 www.maderacounty.com

A \$200.00 Hearing Fee (per Application) must be submitted at the time of filing. See attached "Information and Instructions for Assessment Appeal Application" for more information.

APPLICATION NUMBER: Clerk Use Only
24R003

EMAIL ADDRESS
nick@holidaymanagementinc.com

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
KUSH HOSPITALITY INC

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
2095 W PO BOX 14030 ST

CITY PINEDALE	STATE CA	ZIP CODE 93650	DAYTIME TELEPHONE () () ()	ALTERNATE TELEPHONE (559) 213-7189	FAX TELEPHONE () () ()
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT If applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
Wes Nichols/Paramount Property Tax Appeal

EMAIL ADDRESS
wes@pptaxappeal.com

COMPANY NAME
Paramount Property Tax Appeal

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INTITAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
9845 Erma Rd Ste 311

CITY San Diego	STATE CA	ZIP CODE 92131	DAYTIME TELEPHONE (858) 800-1200	ALTERNATE TELEPHONE () () ()	FAX TELEPHONE () () ()
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AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE 	TITLE	DATE
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3. PROPERTY IDENTIFICATION INFORMATION

Yes No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER 013-270-012-000	ASSESSMENT NUMBER	FEE NUMBER
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ACCOUNT NUMBER	TAX BILL NUMBER
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PROPERTY ADDRESS OR LOCATION 2095 W KENNEDY ST MADERA, CA 93637	DOING BUSINESS AS (DBA), if appropriate
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PROPERTY TYPE

- | | | |
|---|---|--|
| <input type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX | <input type="checkbox"/> AGRICULTURAL | <input type="checkbox"/> POSSESSORY INTEREST |
| <input type="checkbox"/> MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____ | <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> VACANT LAND |
| <input type="checkbox"/> COMMERCIAL/INDUSTRIAL | <input type="checkbox"/> WATER CRAFT | <input type="checkbox"/> AIRCRAFT |
| <input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES | <input checked="" type="checkbox"/> OTHER: <u>Hospitality</u> | |

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$749,700	\$374,850	
IMPROVEMENTS/STRUCTURES	\$3,019,200	\$1,509,600	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER	\$71,010	\$35,505	
TOTAL	\$3,839,910	\$1,919,955	
PENALTIES (amount or percent)			

5. TYPE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing periods

- *REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
 - SUPPLEMENTAL ASSESSMENT
*DATE OF NOTICE: _____ **ROLL YEAR: _____
 - ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT
*DATE OF NOTICE: _____ **ROLL YEAR: _____
- *Must attach copy of notice or bill, where applicable **Each roll year requires a separate application*

6. REASON FOR FILING APPEAL (FACTS) See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE
 - The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP
 - 1. No change in ownership occurred on the date of _____.
 - 2. Base year value for the change in ownership established on the date of 08/28/2023 is incorrect.
- C. NEW CONSTRUCTION
 - 1. No new construction occurred on the date of _____.
 - 2. Base year value for the completed new construction established on the date of _____ is incorrect.
 - 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT
 - Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.
 - 1. All personal property/fixtures.
 - 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT
 - Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION
 - 1. Classification of property is incorrect.
 - 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
 - 1. Amount of escape assessment is incorrect.
 - 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER
 - Explanation (attach sheet if necessary) _____

7. WRITTEN FINDINGS OF FACTS (\$500.00 deposit plus actual costs per Application. See attached Information and Instructions.)


- Are requested. Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

- Yes No

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application) 	SIGNED AT (CITY, STATE) San Diego, CA	DATE 11/15/24
NAME (Please Print) Wes Nichols		

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
- CORPORATE OFFICER OR DESIGNATED EMPLOYEE

County Use Only	County Use Only – Hearing Fee	County Use Only – Written Findings of Facts Deposit
Received by: <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Certified Mail	Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order #	Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order #
Hearing Fee Exempt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Check # 3159	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: 630944 Dated: 01/27/25	Receipt No: Dated:

2024;2025 AGENT AUTHORIZATION TO REPRESENT APPLICANT



Apn	Holding Name	Opportunity Type	Property County	Situs Address	Situs City State Zip
408-021-13	K S HOSPITALITY INC	Reduction	Fresno	6730 N BLACKSTONE AVE	FRESNO CA 93710
408-021-21	K S HOSPITALITY INC	Reduction	Fresno	6730 N BLACKSTONE AVE	FRESNO CA 93710
426-342-15	PATEL PRABHATBHAI T & SUSHILABEN P TRS	Recent Sales	Fresno	4245 N BLACKSTONE AVE	FRESNO CA 93726
436-100-18	PATEL SUSHILABEN P TRS PATEL PRABHATBHAI T TRS	Recent Sales	Fresno	4080 N BLACKSTONE AVE	FRESNO CA 93726
013-270-012-000	KUSH HOSPITALITY INC	Reduction	Madera	2095 W KENNEDY ST	MADERA CA 93637
0110-022-14-0000	KUSH HOSPITALITY INC	Recent Sales	San Bernardino	231 N VINEYARD AVE	ONTARIO CA 91764

This form serves as authorization for Paramount Property Tax Appeal (Agent) to act on my behalf for all matters pertaining to the above mentioned assessor parcel number(s) for property tax assessment appeal applications filed in 2024;2025. This action includes authorization to sign, inspect County Assessor's records, enter into stipulations, withdraw this application, and settle issues relating to this application. This authorization includes all parcels and assessments located in the county where the above listed property is situated. Agent has knowledge of the property under consideration and will answer all questions pertinent to the inquiry.

Agent will provide applicant with a copy of the submitted application.

If Paramount Property Tax Appeal lowers the assessed value on the above mentioned property, applicant .

See last page for full terms and conditions.



 APPLICANT'S SIGNATURE

President

 TITLE

10/22/24

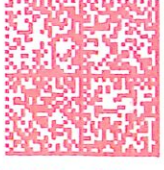
 DATE

Appeal: Appeal Name	Holding Name	Use Type
2024 - 013-270-012-000 - A1;B2; - RA;	KUSH HOSPITALITY INC	Hospitality

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MADERA COUNTY
BOARD OF SUPERVISORS

VERIFIED MAIL

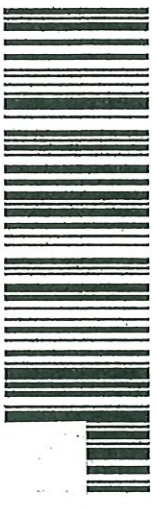
US POSTAGE (M) PITNEY BOWES



ZIP 92131
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FIRST-CLASS



9589 0710 5270 1415 5670 86

PARAMOUNT
— PROPERTY TAX APPEAL —

Arma Rd #311
Madera, CA 92131

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Madera County Assessment Appeals Board

Attn: Clerk of the Board of Supervisors

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Madera, CA 93637