



# Department of Business License

Vincent V. Queano, Director

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## APPLICATION FOR FRANCHISE AGREEMENT - PUBLIC UTILITIES

Please fill out form completely; use black ink only; incomplete, illegible, or altered application forms will be returned.

### BUSINESS INFORMATION

Date of Application: 5/16/2024 Business/ Entity Name: XO Communications, LLC

Fictitious Firm Name(FFN)/ Doing Business As (DBA): Classification/ Category (NAICS Code): 517111

Have you registered with the Nevada Secretary of State?  Yes  No NV Business ID (required): NV20031337645

### OWNERSHIP INFORMATION (Must total 100%; list all business owners, and/or officers.)

Type of Business Ownership (select one):  Sole Proprietorship  Partnership  Corporation  Limited Partnership  Limited Liability Co.  Other:

### BUSINESS LOCATION AND CONTACT INFORMATION

Business Location/ Mailing Address: Business/ Location Address: One Verizon Way City/ State: Basking Ridge, NJ Zip Code: 07920 Country: USA

Check here if Mailing Address is the same as the Business Address. If different, please provide current mailing address on next line.

Mailing Address: 600 Hidden Ridge City/ State: Irving, TX Zip Code: 75038 Country: USA

Business Contact Information: Business Email: Business Phone: Business Fax:

### Authorized Contact Information

Authorized Contact Name (First, M.I., Last): Karen Williams Authorized Contact Title: Sr. Eng. Consultant-Network Regulatory/Real Estate  
Email Address: karen.williams2@verizon.com Primary Phone Number: 469-262-7705 Alternate Phone Number: 214-498-4312

### FRANCHISE INFORMATION

Length of Term Desired (not to exceed 10 years): 10 years Public Utilities Commission of Nevada (PUCN) Certificate:  Yes  No Certificate Number: CPC 2121 Sub 3

Has the applicant ever been denied a license or had a license suspended or revoked for any reason?  Yes\*  No

\*If you answered "Yes" to the question above, please attach a detail description of the suspension, revocation, and/or denial.

List all third parties that the applicant is aware of at the time of application that will be using the applicant's facilities in the County's rights-of-way:  List is provided below  List is attached  None

Please attach the following to the application:  Order and Certificate issued by the PUCN  Map of the Service Area desired/ Requested  Disclosure of Ownership Form  Map of proposed initial route (Initial Franchise Application Only)

### SIGNATURES (requires signatures of owner, officer, authorized or legal signer)

I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing false, misleading, or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension, or non-renewal.

Signature: Karen Williams Print Name and Title: Sr. Eng Consultant - Network Reg/Real Estate Date: 6/3/2024

PUBLIC UTILITIES COMMISSION OF NEVADA

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

XO Communications Services, LLC

CPC 2121 Sub 3  
(supersedes and replaces  
CPC 2121 Sub 2)  
Docket No. 18-03032


The Public Utilities Commission of Nevada ("Commission") hereby grants XO Communications Services, LLC the authority previously held by Telecommunications of Nevada, LLC d/b/a XO Communications, LLC to operate as a competitive supplier of telecommunication service within the State of Nevada pursuant to the Commission's decision on June 13, 2018.

XO Communications Services, LLC is hereby granted this Certificate of Public Convenience and Necessity as evidence of its authority to operate as a competitive supplier of telecommunication service within the State of Nevada. As a condition of this Certificate, XO Communications Services, LLC shall render reasonably continuous and adequate service to the public within the State of Nevada. Failure to comply with all applicable provisions of the Nevada Revised Statutes; all applicable rules, regulations, and orders of the Commission; and any applicable terms, conditions, and limitations pertaining to the privileges granted in this Certificate shall comprise sufficient grounds for the suspension or revocation of this Certificate. Nothing contained in this Certificate shall be construed to create a franchise or to constitute the granting of an irrevocable certificate.

This Certificate of Public Convenience and Necessity supersedes and replaces, in all respects, CPC 2121 Sub 2. CPC 2121 Sub 2 is hereby cancelled.

This Certificate of Public Convenience and Necessity shall not be conveyed or transferred without the Commission's prior approval.

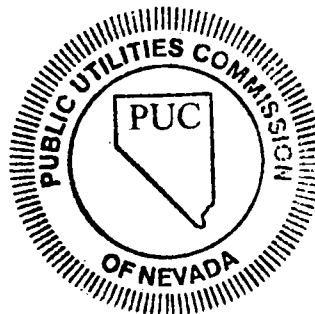
By the Commission,

  
\_\_\_\_\_  
JOSEPH C. REYNOLDS,  
Chairman

Attest:   
\_\_\_\_\_  
TRISHA OSBORNE,  
Assistant Commission Secretary

Dated: Carson City, Nevada

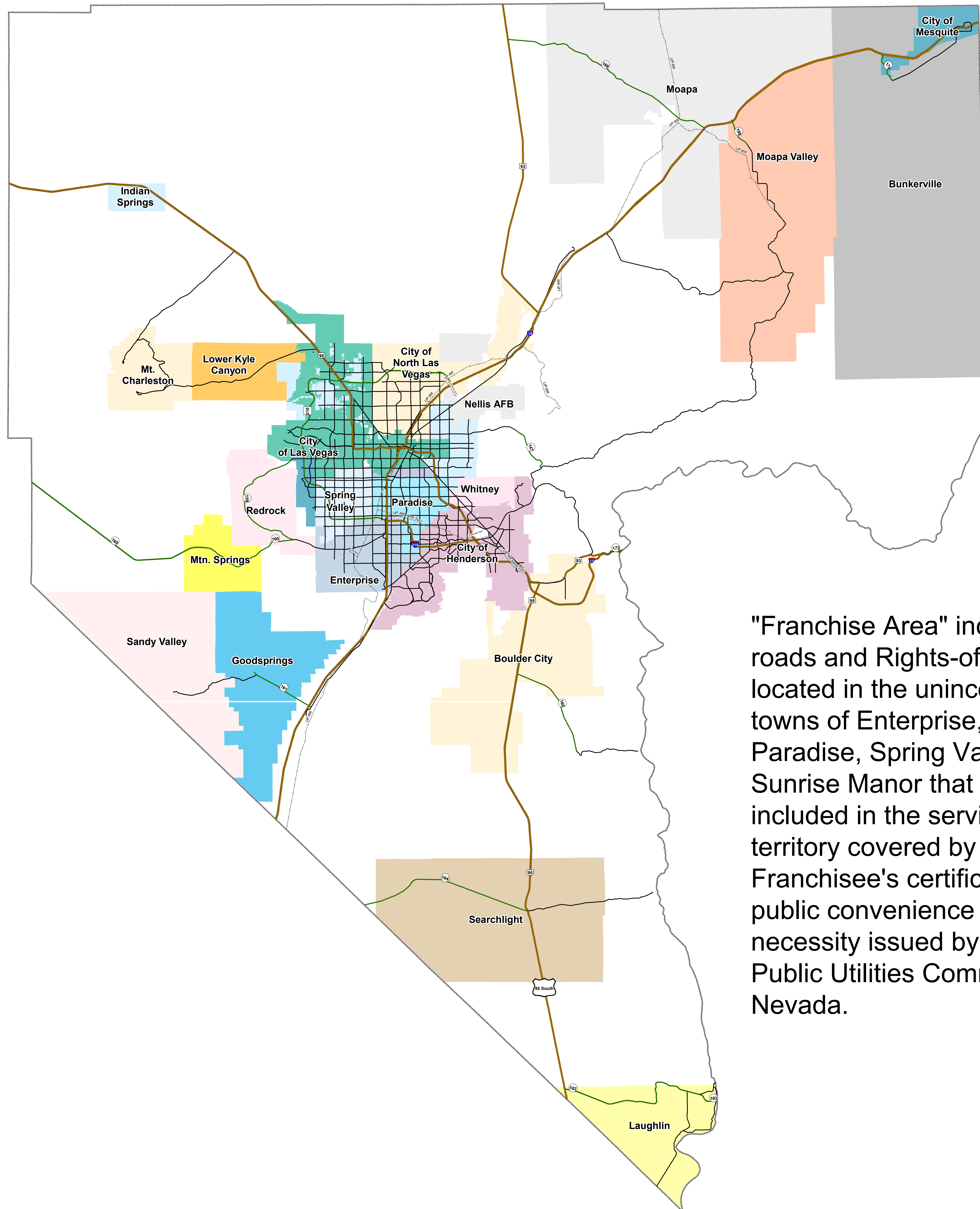
6/19/18  
(SEAL)



# Franchise Service Area

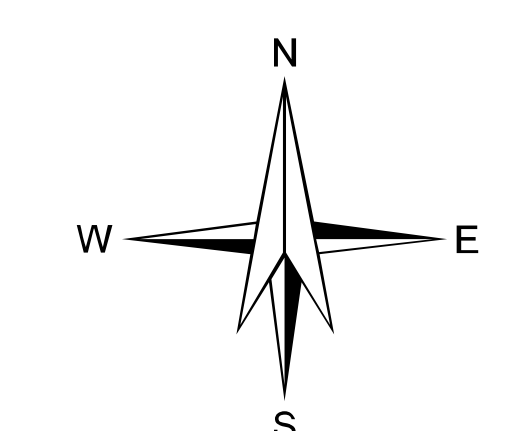
Clark County, Nevada

**G**EOGRAPHIC  
**I**NFORMATION  
**S**YSTEMS

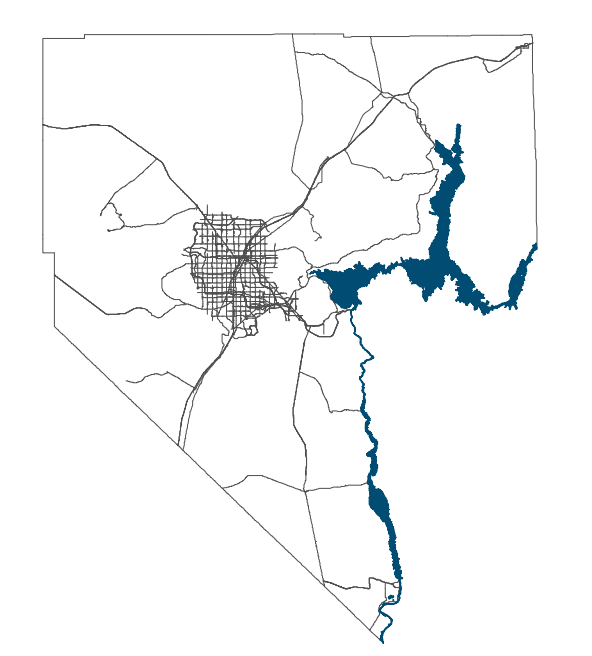
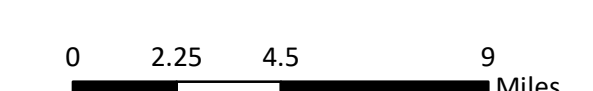


"Franchise Area" includes all roads and Rights-of-Way located in the unincorporated towns of Enterprise, Paradise, Spring Valley and Sunrise Manor that are included in the service territory covered by the Franchisee's certificate of public convenience and necessity issued by the Public Utilities Commission of Nevada.

- Streets**
- Major Highway
  - Highway
  - Major Street
  - Railroad
  - County Boundary
- Cities and Unincorporated Towns**
- Boulder City
  - City of Henderson
  - City of Las Vegas
  - City of Mesquite
  - City of North Las Vegas
  - Clark County
  - Bunkerville
  - Enterprise
  - Goodsprings
  - Indian Springs
  - Laughlin
  - Lone Mountain
  - Lower Kyle Canyon
  - Moapa
  - Moapa Valley
  - Mt. Charleston
  - Mtn. Springs
  - Nellis AFB
  - Paradise
  - Redrock
  - Sandy Valley
  - Searchlight
  - Spring Valley
  - Summerlin South
  - Sunrise Manor
  - Whitney
  - Winchester



Date: 7/1/2023



Clark County  
Vicinity Map - No Scale

*This information is for display purposes only. No liability is assumed as to the accuracy of the data delineated herein.*

**INSTRUCTIONS FOR COMPLETING THE  
DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM**

**Purpose of the Form**

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners ("BCC") in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

**General Instructions**

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

**Detailed Instructions**

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

**Business Entity Type** – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting 'Other', provide a description of the legal entity.

**Non-Profit Organization (NPO)** - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

**Business Designation Group** – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), Physically-Challenged Business Enterprise (PBE), Veteran Owned Business (VET), Disabled Veteran Owned Business (DVET), or Emerging Small Business (ESB) . This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

- **Minority Owned Business Enterprise (MBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.
- **Women Owned Business Enterprise (WBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- **Physically-Challenged Business Enterprise (PBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.
- **Small Business Enterprise (SBE):** An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.
- **Veteran Owned Business Enterprise (VET):** An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51 percent owned and controlled by one or more U.S. Veterans.
- **Disabled Veteran Owned Business Enterprise (DVET):** A Nevada business at least 51 percent owned/controlled by a disabled veteran.
- **Emerging Small Business (ESB):** Certified by the Nevada Governor's Office of Economic Development effective January, 2014. Approved into Nevada law during the 77th Legislative session as a result of AB294.

**Business Name (include d.b.a., if applicable)** – Enter the legal name of the business entity and enter the "Doing Business As" (d.b.a.) name, if applicable.

**Corporate/Business Address, Business Telephone, Business Fax, and Email** – Enter the street address, telephone and fax numbers, and email of the named business entity.

**Nevada Local Business Address, Local Business Telephone, Local Business Fax, and Email** – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

**Number of Clark County Nevada Residents employed by this firm. (Do not leave blank. If none or zero, put the number 0 in the space provided.)**

**List of Owners/Officers** – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

**For All Contracts – (Not required for publicly-traded corporations)**

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If **YES**, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean). **This will also include Clark County Detention Center.**

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

**Signature and Print Name** – Requires signature of an authorized representative and the date signed.

**Disclosure of Relationship Form** – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>						
<b>Corporate/Business Entity Name:</b> XO Communications Services, LLC						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		One Verizon Way		<b>Website:</b> www.verizon.com		
<b>City, State and Zip Code:</b>		Basking Ridge, NJ 07920		<b>POC Name:</b> Karen Williams		
				<b>Email:</b> karen.williams2@verizon.com		
<b>Telephone No:</b>		469-262-7705		<b>Fax No:</b> Not applicable		
<b>Nevada Local Street Address:</b>		2240 Corporate Circle		<b>Website:</b> www.verizon.com		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Henderson, NV 89074		<b>Local Fax No:</b> Not applicable		
<b>Local Telephone No:</b>		725-272-7909 (office) 725-272-7909 (mobile)		<b>Local POC Name:</b> John Jones		
				<b>Email:</b> john.t.jones@verizon.com		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).


Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Wholly owned subsidiary of MCI Communications Services LLC		100%
_____	_____	_____
_____	_____	_____

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**  Yes  No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
 Yes  No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
 Yes  No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

 _____ Signature	Brandon N. Egren _____ Print Name
Assistant Secretary _____ Title	Jun 3, 2024 _____ Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			

\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

Yes  No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes  No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative