DISCLOSURE OF OWNERSHIP/PRINCIPALS

Source Propose Partnership	Business Entit	у Тур	e (Please select	one)									
MBE	Sole	Sole GRathership		☐ Limited Liability ☐			Corporation Trust		st			☐ Other	
Minority Business Women-Owned Small Business Physically Challenged Veteran Owned Disabled Veteran Owned Business Enterprise Enterprise	Business Design	ınati	on Group (Please	e sel	ect all that apply)	-				-		1
Enterprise Business Enterprise Business Enterprise Business Enterprise Business Comed Business Business	✓ MBE		□WBE		SBE		□РВЕ			VET	DVET		ESB
Corporate/Business Entity Name: (Included Ab.a., it applicable) Street Address: 4285 RIMCREST RD Website: City, State and Zip Code: LAS VEGAS, NV 89121 POC Name: LUIS MOTA Fax No: Versula Local Street Address: (If different from above) City, State and Zip Code: Local Fax No: Versula Local Street Address: (If different from above) City, State and Zip Code: Local Telephone No: Email: All antities, with the exception of publicly-traded and no-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business are nitly appearing before the Board. Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in ileu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applications, extends to the applicant and the landowner(s). Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in ileu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applications, extends to the applicant and the landowner(s). Publicly-traded entities and non-profit organizations shall list all Corporations, extends to the applications of the interest in the publicity of the Note Replications, extends to the application and the landowner(s). Full Name JOSE LUIS MOTA OWNER Title No (If yes, please note that County applications, extends distultes, included of Publicity Traded Corporations, Non-profit organizations) No (If yes, please note that County applications or profit organizations) No (If yes, please note that County, Department of Aviation, Clark County Defending Defending Publicity Traded Corporations, Non-profit organizations) No (If yes, please note that County, Department of Aviation, Clark County Defending Defendi	Minority Business Women-Owned Business		Business		The second secon								
City, State and Zip Code: LAS VEGAS, NV 89121 POC Name: LUIS MOTA Email: HBCSERVICES301@CMAIL.COM HBCSERVICES301@CMAIL.COM Email: HBCSERVICES301@CMAIL.COM HBCSERVICES301@CMAIL.COM Email: HBCSERVICES301@CMAIL.COM HBCSERV	Number of Clark County Nevada Residents Employed: 4												
Included d.b.a., If applicable	Cornorate/Busi	iness	Fntity Name:	HOI	HOMES AND BUILDING CLEANING SERVICES								
Street Address: LAS VEGAS, NV 89121 POC Amer: LUIS MOTA Email: HECSERVICES301@GMAIL.COM Talephone No: 7029272433 Fax No: Nevada Local Street Address: (If different from above) City, State and Zip Code: Local Fax No: Local Fax No: Local Fax No: Local Fax No: Local PoC Name: Lilis MOTA 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. 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 above the Board. 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 above the Board. All entities, must be all business associations organized under or governed by Tife 7 of the Novada Revised States, including the names of individuals with ownership or financial Interest. The discosure requirement, as applied to land-use applications, extend to the applicant on the landowner(s). Fattlies include all business associations organized under or governed by Tife 7 of the Novada Revised States, including but not fined to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Full Name OWNER Title Novada County Department of Aviation, Clinic County Delenition (Vot required for publicly-traded corporations) (Vot required for publicly traded corporations) (V													
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Signature Print Name OWNER 06/13/2023 Title Date													
Title Date		Mo	h					Nota					
Title Date	OWNER						06/13/2023						
	Title					_							

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				
NIA							
"Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a rel	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	•				
For County Use Only:							
- <u></u>	noted above, please complete the follo						
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 Represental							