DISCLOSURE OF OWNERSHIP/PRINCIPALS

| Business Entity Type (Please select one) | | | | | | | | | | | | |
|--|--|-------------|--------|------------------------------|--|--|-------|-----------------|---|--|---------------------------|--------------|
| ☐ Sole Proprietorship | | Partnership | | Limited Liability mpany | |] Corporation | ☐ Tru | ıst | ☐ Non-Profit Organization | | ☐ Other | |
| Business Designation Group (Please select all that apply) | | | | | | | | | | | | |
| ☐ MBE | IBE □ WBE | | | SBE | | ☐ PBE | | | ☐ VET | | OVET | ☐ ESB |
| Minority Business Enterprise Women-Owne Business Enterprise | | | | Small Business Enterprise | | Physically Challenged Business Enterprise | | i | Veteran Owned Business | Disabled Veteran Owned Business Emerging Small Business | | |
| Number of Clark County Nevada Residents Employed: | | | | | | | | | | | | |
| Corporate/Business Entity Name: | | | | | | | | | | | | |
| (Include d.b.a., i | | - | | | | | | | | | | |
| Street Address: | | pinousioj | | | | | | We | bsite: | | | |
| Street Address: | | | | | | | | POC Name: | | | | |
| City, State and 2 | Zip (| Code: | | | | | | Email: | | | | |
| Telephone No: | | | | | | | | Fax No: | | | | |
| • | • | | | | | | | Website: | | | | |
| Nevada Local Street Address: | | | | | | | | we | bsite. | | | |
| (If different from above) | | | | | | | | Local Fax No: | | | | |
| City, State and Zip Code: | | | | | | | | Local POC Name: | | | | |
| Local Telephone | e No | : | Email: | | | | | | | | | |
| 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 lot required for Publicly Traded orations/Non-profit organizations) | | | |
| | | | | | | | | | | | | |
| | | | - | ded corporations. | | | | • | | | No viation, Clark Coun | tv Detention |
| Center or Cl | Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? | | | | | | | | | | | |
| ☐ Yes | 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.) | | | | | | | | | | | |
| 2. 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 | 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. | | | | | | | | | | | | |
| | <u>~_</u> | | | | | Deiet N | | | | | | |
| signature/ | | | | | | Print Name | | | | | | |
| Title | | | | | | 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 | | | | |
|--|---|---|--|--|--|--|--|
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| * 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 Representa | tive | | | | | | |