Business Entity	Туре													
☐ Sole Proprietorship ☐ Partnership		□ Limited Liabili		ability	ty Company 🔳 C		orp	rporation		ust Profit Organiz			☐ Other	
Business Design	ation	Group												
□ МВЕ	□ v	VBE	☐ SBE		□ PBE				□ VET		□ DVET			SB
Minority Business Enterprise				Small Busine Enterprise	,						n Owned Business			
Number of Clar	k Co	unty Nevada	Res	sidents Employed:			34							
								1						
Corporate/Busin	ess E	ntity Name:	MMC, Inc.				_							
(Include d.b.a., if	appli	cable)												
Street Address:			6600 Amelia Earhart Ct. Suite B				Website: www.nclasvegas.com/MMC							
City, State and Zip Code:			Las Vegas, Nevada 89119				POC Name: Lane Waite Email: lwaite@nclasvegas.com							
Telephone No:			702-642-3332				Fax No: 702-642-9876							
Nevada Local Street Address: (If different from above)			same as above			W	/ebsite:							
City, State and Zip Code:						Local Fax No:								
Local Telephone No:						Local POC Name Email:								
List of Owners/Officers:														
All entities, with ownership or finance	the exial inte	ception of publicly	y-trac	ded and non-pi	rofit o	organizations, me the Board.	nust list t	the	names of	individu	ials hold	ling more th	nan five	e 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 transactions, extends to the applicant and the landowner(s).														
"Entities" include	le all bi	usiness associatio	ns o	rganized under	r or go	overned by Title	7 of the	e Ne	evada Revi	sed Sta	atutes. ir	cludina bu	t not lin	nited to private
corporations, close			pora	tions, limited lia	ability	companies, pa		ips,	limited par	rtnershi	ps, and		o Own	
Full Name				Title			(Not required for Publicly Traded Corporations/ profit organizations)				ed Corporations/Non-			
Greg J. Paulk				President			74%			%				
Brady W. Stevens				Secretary/Treasurer			11.5%							
				-				+	_	-				
								+		-	_			
								+		_				
This section is not required for publicly-traded corporations.														
<ol> <li>Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?</li> </ol>														
☐ Yes	■ No	(If yes, ple	ase i	note that Coun	ty em	nployee(s), or a	ppointed	d/ele	ected offici	al(s) ma	ay not p	erform any	work o	n professional
		service col	illac	is, or other cor	mact	s, which are no	Subject	10	competitiv	e bid.)				

20003 - CENTRATE AND ACID WASTE PIPELINES

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 4

**BID DOCUMENTS** 

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, Clark County Detention Center, Department of Aviation, or Clark County Wate Reclamation District full-time employee(s), or appointed/elected official(s)?							
	☐ Yes ■ No (If ye	es, please complete the Disclosur	re of Relationship form on Page 2	. If no, please print N/A on Page 2.				
Sign	action on land-use approvals, co	ntract approvals, land sales, leas	es or exchanges without the com Mark Urban Print Name	ccurate. I also understand that the fipleted disclosure form.	3oard will not			
Vice	President		10/10/24					
Title	List any disclosures of (Mark N/A if not applicable)		Date					
	NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S DEPARTMENT				

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

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

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

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

<sup>&</sup>quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

For Coun If any Disc		nly: f 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/Cor	mments:	
Signature		
Print Nam		presentative

**END OF DOCUMENT**