Business Entity T	ype (Please selec	t one)	_	0. 0111	LIVOI	***	TRINOIPALS	,		
Sole Proprietorship	Partnership		Limited Liability		Corporation	Trus	t	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	se sel	ect all that apply)							
MBE	□WBE		SBE		□PBE			□ VET		VET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	d	Small Business Enterprise					Veteran Owned Business	Disa	abled Veteran ned Business	Emerging Sma Business
Number of Cla	ark County N	evac	la Residents	Eı	mployed:	Fo)V	K (4)	70		
Corporate/Busines	s Entity Name:	1/1	CUANA	1	3,100-5	AA	_	NTENANCE		110	
(Include d.b.a., if a		10	TAIL TH	- 40	SMICE	5((4)	171	NIENANCE	٠	LLC	
Street Address:		35	605.BL	^	D.S ANG	Т.	M- L	site:	_		
		20	WO SHOL	47	# 1	2		Name:	-		
City, State and Zip	Code:	LA	SVEGAS	n	NAGIN				126	200-	٠
Felephone No:		7	SVEGAS 02 - 22	2	994	Q	Fay h	ii: nvbm20 No: 702-2	2 2	= JING	(1, Com
Vevada Local Stree	et Address:				71-1				22	,.000	
If different from ab	ove)					, '	Nebs	site:			
City, State and Zip	Code:						ocal	I Fay No:			
cool Toleshaws N							Local POC Name:				
ocal Telephone N	o: 					l E	mal	k			
vo.poradono, IQI	Full Name	mied i	rapility companies,	par	tnerships, limited	f partnersh Title	nips, a	lsed Statutes, including and professional corpor	ations.	% Owned	
MR. SI	O AJ	AN	1	C	SWNE	R			(Not Corpora	required for Publications/Non-profit of	dy Traded organizations)
	I members, partners county Water Reclar	s, owner mation es, plea	ers or principals, in District full-time en	volv iplo	ed in the busines yee(s), or appoir moloyee(s), or a	ss entity, a ited/electe	Clar	rk County, Department of icial(s)?		ion, Clark County	
full-time employee	members, partners, grandparent, relates	ed to a	ors or principals ha a Clark County, De official(s)?	ve s parl	a spouse, registe iment of Aviation	red dome , Clark Co	stic p ounty	partner, child, parent, in- Detention Center or Cla	ark Cou	ınty Water Reclan	f-brother/half- nation District
7						0.00	, 	age 2. If no, please prin			
ertify under penalty on nd-use approvals, cor	f periury, that all of stract approvals, lan	the mu d sale:	prmation provided l s, eases or exchar	here	without the com	ipietea ais	ciosu		i that t	ne Board will not t	ake action on
gnature		/ V	-	P	rint Name	, 4.0		JITI	_		
DWNER				_	05.	90	-	2022			
-				0	ate						

List any disclosures below: n/a (Mark N/A, if not applicable.) NAME OF COUNTY* **RELATIONSHIP TO COUNTY*** NAME OF BUSINESS EMPLOYEE/OFFICIAL **COUNTY* EMPLOYEE'S/OFFICIAL'S OWNER/PRINCIPAL** AND JOB TITLE **EMPLOYEE/OFFICIAL DEPARTMENT** N/A N/A N/A 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:

2

Signature

Print Name

Authorized Department Representative

Business Entity Ty	pe (Please selec	t one)								
Sole Proprietorship	Partnership	✓ L Com	imited Liability		Corporation	Trust	Non-Profit Organization		Other	
Business Designat	on Group (Pleas	se sele	ct all that app	oly)						
✓ MBE	✓WBE		✓ SBE		□PBE		□ VET		VET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Busines Enterprise	Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Busines		
Number of Clar	rk County No	evada	a Residen	ts Fi	mploved:			13		
				-	inployed.			13		
Corporate/Business	Entity Name:	A&B I	Environmenta	al, LL	С					
(include d.b.a., if ap	plicable)									
Street Address: 2858 Marco Street Website:										
City Parks and The G		Las V	egas, NV 89	115			C Name: Mike Sloug	ıh		
City, State and Zip C	ode:					1	all: abenvirolv		om	
Telephone No:		702-7	95-2681		_		(No: 702-795-0524			
Nevada Local Street	Address:				···F		bsite:			
(If different from abo	ve)						boile.			
City, State and Zip C	ode:					Loc	al Fax No:			
-ocal Telephone No:							al POC Name:			
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All entities, with the ex inancial interest in the b Publicly-traded entitie whership or financial in	s and non-profit terest. The disclosures	t organ	ilzations shall uirement, as a	list oplied	all Corporate C to land-use appl	officers and ications, exte	of Individuals holding of Directors in lieu of a nds to the applicant an	disclosing d the land	the names of i	ndividuals with
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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			wei Milinie (4)
			6
Spouse – Registered	onsanguinity" applies to the o	ationship by marriage. candidate's first and second of Parents – In-laws (first degrandchildren – Grandparents – In	ee)
For County Use Only:			
If any Disclosure of Relationship Is no			
Yes No Is the County emplo			
Yes No Is the County emplo	oyee(s) noted above involved in any v	way with the business in performance	of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representative	e		

					<u> </u>			.,			
Business Entity Ty	pe (Please select	опе)		1				r	W.	Т	
Sole Proprietorship	Partnership	Z Limit Compar	ted Liability ny	C	Corporation	☐ Tru	st	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e select s	all that apply	0_							
MBE	☑ WBE		SBE	_	PBE		_	VET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		nali Business terprise		Physically Ch Business Ent			Veteran Owned Business		abled Veteran med Business	Emerging Small Business
Number of Gla	rk County Ne	evada F	Residents	s Eı	mployed:				40		
Corporate/Busines	s Entity Name:	Baldwin	Developme	ont L	LC						
(Include d.b.a., it a	plicable)	DBA Ba	ıldwin Demo	litlo	n						
Street Address: 225 W. Brooks Ave Website: www.baldwinlv.com											
North Las Vegas, NV 89030 City, State and Zip Code: North Las Vegas, NV 89030 POC Name: Devin Baldwin devin@baldwinlv.com											
Telephone No:		702469	8874					No: 7029652505			
the design of the	A A sheles a second			100		¥—RYSKI		bsite:			A STATE OF THE
Nevada Local Street							AA6	DRITO:			
City, State and Zip			*****				Loc	al Fax No:			
City, State and Lip	C000.							cal POC Name:			
Local Telephone N	o:						Em				
ciose corporations, to	Full Name	INTERPORTURE	outry companie	55, P	чк изотанкро, ти	Title	ot at 11p	is, and professional con	(1	% Owne Not required for Pu porations/Non-prof	blicly Traded
Morgan Beldwin			P	Pres	ident				51		
Devin Baldwin				VIce	President				49		
				_							
This section is not required for publicity-traded corporations. Are you a publicity-traded corporation? Yes No No Center or Clark County Water Rectamation District full-time employee(s), or appointed/elected official(s)? Yes No (If yes, please note that County employee(s), on appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)											
sister, grandçhi full-time employ	id, grandparent, re rea(s), or appointed	elated to a Delected o	Clark County, official(s)?	, De	partment of Avia	ition, Clai	rk Coi	tic partner, child, paren unty Detention Center o on Page 2. If no, please	r Clark	County Water Re	half-brother/half- clamation District
I certify under penalty	of periury that all	of the info	rmation provid	ded i	herein is current	, complet	be, and	d accurate. I also under			not take action on
lend-use approvals, o	land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Morgan Baldwin										
Signature	AND THE STREET				Print Name	-	-				
Presiden 5/2/22											
Title					Date						

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

Authorized Department Representative

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			
1 1000			
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• Spouse – Registere	consanguinity" applies to the d Domestic Partners – Childre	n – Parents – In-laws (first de	-
Yes No is the County em	noted above, please complete the folk aployee(s) noted above involved in the aployee(s) noted above involved in any	contracting/selection process for this	
Notes/Comments:			
Signature			
Print Name			

Business En	Business Entity Type (Please select one)											
Sole Proprietorship	,] [Partnership		Limited Liability		Corporation	Tru	st	Non-Profit Organization		Other	
Business De	signat	on Group (Pleas	e sel	ect all that apply)							
☐MBE		□WBE		✓ SBE		PBE			□ VET		OVET	□ESB
Minority Busin Enterprise	ness	Women-Owned Business Enterprise		Small Business Enterprise	ss Physically Challenged Business Enterprise				Veteran Owned Business	Disabled Veteran Owned Business Emerging Smark Business		
Number o	f Cla	rk County Ne	evac	da Residents	Er	mployed:				8		
0		Futiti Name	Cas	as Construction								
		Entity Name:	n/a									
(Microde G.D.a., if applicable)												
Street Addre	55:			Vegas, NV 8912					C Name: Jason Casas	 3		
City, State ar	nd Zip	Code:	Lus	v ogue, 144 0012					nail: jcasas@ccor		tion.biz	
Telephone N			702	-597-2093					x No: 702-454-0314			
					_			1		_		
Nevada Loca								VVe	ebsite:			
(If different f								La	cal Fax No:			
City, State a	na Zip	Code:							cal POC Name:			
Local Teleph	one N	o:							rail:			
Entities includ	e all bu	siness association	s oraa	anized under or go	vern	ed by Title 7 of	the Neva	ada F	ends to the applicant and Revised Statutes, includin os, and professional corp	g but	not limited to priva	te corporations,
		Full Name				(D	Title			Corp	% Owned lot required for Puk orations/Non-profit	olicly Traded
Daniel J. Casa	as				wne	er/President				100%		
This section i	s not re	equired for public	v-trac	ded corporations.	Are	e vou a publicly	/-traded	corp	oration? Yes	√	No	
		al members, partne County Water Recl							Clark County, Departmer d official(s)?	_	-	ty Detention
Yes				lease note that Co s, or other contract					ected official(s) may not p titive bid.)	perforr	n any work on prof	essional service
sister, gr	andchil	al members, partne d, grandparent, rel ee(s), or appointed	ated 1	to a Clark County,	have Dep	e a spouse, regi artment of Aviat	stered do ion, Clarl	omes k Cou	tic partner, child, parent, unty Detention Center or	in-law Clark	or brother/sister, I County Water Rec	nalf-brother/half- lamation District
Yes		✓ No (If	yes, p	please complete the	e Dis	sclosure of Relat	ionship f	orm c	on Page 2. If no, please p	orint N	/A on Page 2.)	
I certify under land-use appro	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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.											
Daniel Casa	as	Digitally staned by Deriol Casia. OH co-Duniel Cassas, o-Cassas Co. DAS Casto. 2022 OS 16 11 33 D4 -CTOO	nainution, ou+Pr	estaert, evnell-scasse (Bocore-Inv-86-1 bit).		Daniel Casas						
Signature												
Owner	_			======		05/16/2022 Date						
Title						Date						

		1	
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			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
Yes No Is the County em	noted above, please complete the folk ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature Print Name			
Authorized Department Representa	tive		

Business Entit	ν Τνρ	e (Piease select	one)									
Sole Proprietorship	1	artnership	0	Limited Liability Mpany	C	Corporation	Trus	Non-Profit Organization		Other			
Business Desi	gnatic	on Group (Pleas	e sel	ect all that apply)								
MBE		□WBE		SBE		□PBE		VET	I	DVET	□ESB		
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise	Physically Challenged Business Enterprise			Veteran Owner Business	- 1.	Disabled Veteran Owned Business	Emerging Small Business		
Number of	Clar	k County Ne	evac	ia Residents	E	mployed:			17				
Corporate/Busi	ness	Entity Name:	CGI	Development of	Ne	evada LLC		- 1211					
(Include d.b.a.,													
Street Address:		310	DE. Charleston E	3lvc	d, Suite 114		Vebsite: www.cgid	demolition	1.com				
City, State and	ode:		Vegas NV 89104	_		F	OC Name: Greg I	Barstow	olition.com				
Telephone No:			702.	307.8002				ax No: 702.307.8					
		Add	_						010				
Nevada Local S (if different fron							٧	Vebsite:					
City, State and					_								
Only, State and	Zip C	oue.			_			ocal Fax No:					
ocal Telephon	e No:				Local POC Name: Email:								
		uli Name				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title	lips, and professions		% Owned (Not required for Pub rporations/Non-profit	licly Traded		
reg Barstow				Ma	Managing Member/President				1009	6			
							-						
. Are any indiv	ridual r	nembers, partners	s, owr	ed corporations. A ners or principals, in a District full-time en	iove	ved in the busine	ess entity, a	Clark County, Depa	_	No Aviation, Clark Count	y Detention		
Yes	- Con-	conti	racts,	or other contracts,	whi	ich are not subjec	ct to compe	titive bid.)		rm any work on profe			
sister, grando	child, g	nembers, partners grandparent, relat s), or appointed/el	ed to	a Clark County, De	ave spa	a spouse, registe riment of Aviation	ered dome n, Clark Co	stic partner, child, partner,	arent, in-lav ter or Clark	w or brother/sister, had County Water Recia	alf-brother/half- nmation District		
Yes		No (If ye	s, ple	ase complete the D	Disc	losure of Relation	nship form	on Page 2. If no, pl	ease print i	WA on Page 2.)			
certify under pena and-use approval	alty of p	perjury, that all of ract approvals, lan	the in d sale	formation provided as, leases or excha	her nge	rein is current, co as without the con	mplete, an npleted dis	d accurate. I also ur closure form.	derstand t	hat the Board will not	take action on		
Ignature	1	X	-		_	Greg Barstow Print Name							
_													
anaging Membe Itle	r/Pre	SIGENT			-	May 16, 2022 Date							
					_		_						

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			
Spouse – Registered	onsanguinity" applies to the o Domestic Partners – Children alf-Brothers/Half-Sisters – Gran	– Parents – In-laws (first deg	ree)
For County Use Only:			
	oted above, please complete the follow	_	
	loyee(s) noted above involved in the c		*
Notes/Comments:	loyee(s) noted above involved in any v	vay with the business in performance	e of the contract?
Signature			
Print Name Authorized Department Representati	ve		

Business Entit	у Туре	(Please select	one)									
Sole Proprietorship	P	artnership		Limited Liability	Deorpo	oration	Trus	ı [Non-Profit Organization		Other	
Business Desi	gnatio	n Group (Please	sel	ect all that apply								
МВЕ		□WBE		SBE	□PI	BE			VET		DVET	□ESB
Minority Busine Enterprise		Women-Owned Business Enterprise		Small Business Enterprise		ically Ch	hallenged terprise		eteran Owned usiness		abled Veteran vned Business	Emerging Small Business
Number of	Clari	k County Ne	vac	da Residents	Emplo	yed:	23					
Corporate/Bus	iness l	Entity Name:		Complex	te i	De	mo	Se	evices			
Include d.b.a.,	, if app	licable)									-0-	
Street Address	3:			3008 77	Read	e a	ue	Webs	te:	,	0	al
City, State and Zip Code: LAS VegaD, NSV 89102 POC Name: JACK TARIFOUNCE Email: Complete denoservices evalue								esevahod.				
Telephone No:			2	02.776	.776	22		Fax N	o: 702.	689	5 993	P /
Nevada Local	Street	Address:						Websi	te:			
(If different fro	m abo	ve)										
City, State and	d Zip C	ode:						Local	Fax No:			
								Local	POC Name:			
Local Telephor	ne No:							Email				
	F	Full Name	mie	d liability companie		inps, inn	Title	sinps, a	and professional co	(l Corp	% Owne Not required for Pu parations/Non-prof	blicly Traded
lack Paripovich	<u>h</u>			—— Pi	resident					100		
										-		
Are any inc	dividual	members, partne ounty Water Reck	rs, ov amati yes, p	ded corporations. where or principals, on District full-time blease note that Co s, or other contract	involved in employee(unty emplo	n the bus (s), or ap oyee(s), (siness entity opointed/ele or appointe	y, a Cla ected of	rk County, Departn icial(s)? ed official(s) may no	nent of A		
sister, gran	idchild,		ated	wners or principals to a Clark County, ed official(s)?								
Yes	1	No (If	yes, p	olease complete the	e Disclosur	e of Rela	ationship fo	rm on F	age 2. If no, pleas	e print N	VA on Page 2.)	
land-use approva	als, con	traci approvals, la	and s	information provide ales, leases or excl		hout the	completed	disclos		rstand th	nat the Board will n	ot take action on
6	Jus	eupov	1				6/20	22	2			
Title					Date							

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			
	ship by blood. "Affinity" is a relaceonsanguinity" applies to the o		degree of blood relatives as
Spouse – Registered	Domestic Partners – Children	- Parents - In-laws (first deg	gree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Grar	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
f any Disclosure of Relationship is n	oted above, please complete the follow	ving:	
_	loyee(s) noted above involved in the c		
	loyee(s) noted above involved in any v	vay with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name			
Authorized Department Representati	ve		

Social Poly Partnership Partnership Partnership Quinted Labelity Company Projected by Projected by Partnership Projected by Projected	Business Entity	Type (Ple	ase select	one)								2/1		
Minoticy Business Week Sisse PBE Week Week Disabled Valentan Disabled	Sole Proprietorship	Partne	rship	Co	Limited Liability	Ø	Corporation	Tru	ıst		Other			
Minority Business Women Dumon Enterprise Small Business Physically Challenged Veleran Owned Disabled Vehrara Emerging Small Business Enterprise Small Business Enterprise Small Business Enterprise Small Business Enterprise Small Business Small Bus	Business Desig	nation Gro	oup (Pleas	e sel	ect all that apply)								
Enterprise Business Enterprise Business Enterprise Business Dusiness Dusiness Dusiness Business Bus	✓MBE	□w	/BE		✓ SBE		PBE			□ VET		OVET	ESB	
Corporate/Business Entity Name: Emmanuel Environmental. Inc.		Busir	ness						1					
City, State and Zip Code: North Las Vegas, NV 89081 POC Name: Romelle Emmanuel POC Name: Romell	Number of 0	Clark Co	ounty Ne	evac	da Residents	s Er	nployed:	3						
Include d.b.a., if applicable	Corporate/Busin	ness Entity	v Name:	Emi	manuel Environn	nent	al, Inc.							
Streat Address:	W.		550											
North Las Vegas, NV 89081 POC Name: Romelle Emmanuel Email: romelle@emmanuelenvironmental.com	AFFO Denove Way Ote 114								We	hsite emmanuelenviro	onme	ental.com		
Tolephone No: 702-758-3366 Fax No: 702-829-6051 Nevada Local Street Address: (If different from above) City, State and Zip Gode: Local Fax No: Tolephone No: Email: Email: Local Fax No: Local Fax N	North Las Vegas, NV 89081 City, State and Zip Code: POC Name: Romelle Emmanuel							el	.com					
City, State and Zip Code: Local Fax No: Local For Name: Email: 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 a public 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 perforeships, and professional corporations. Full Name Title Owner Title Owner Title Owner Total manual immediate, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Defention Center or Clark County Mark Reclamation District full-lime entipologies, or appointed/lected official(s)? Yes No (If yes, please note that County employee(s), or appointed/lected official(s)? Owner or principals have a spouse, registered domestic partner, child, parent, in-law or brother/half-sister, grand-trial, grandparent, related to a Clark County, Department of Aviation, Clark County Water Reclamation District full-lime embloyee(s), or appointed/lected 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, contact approvals, land sales, leases or exchanges with the completed disclosure form. Romelle Emmanuel Finite Date	Telephone No:			702	-758-3366				_					
City, State and Zip Code: Local Fax No: Local POC Name: Email: 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 organizated under or governed by Title 7 of the Nevada Revaiced Statutes, included Corporations, donor organizations, and professional corporations, included in the manual professional service of Corporations/Non-profit organizations). This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporations. Included in members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County, Department of Aviation, Clark County, Department of Aviation, Clark County Detertion Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? To any individual members, partners, owners or principals have a spouse, registered domestic partner, child, par	Nevada Local S	treet Addr	ess:						We	bsite:				
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 businesse 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, closes corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Full Name Title Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner Owner Owner The section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No (If yes, please note that County employee(s), or appointed/elected official(s)? Yes No (If yes, please note that County employee(s), or appointed/elected official(s) any not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.) Dear or 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 page principle, 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. Romelle Emmanuel Print Name Print Name	(If different from	above)												
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 Title Title Title Title Title Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner Owner Owner To 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) may not perform any work on professional service corporations, or other contracts, which are not subject to competitive bid. On any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? Yes No (If yes, please onte that County employee(s), or appointed/elected official(s)? Perform any work on professional service competitive bid. Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? Perform any a	City, State and	Zip Code:							Lo	cal Fax No:				
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 organizated 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 Title We will not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner 100 This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not required for publicly-traded corporations. Are you a publicly-traded corporation? We will not required for publicly-traded corporations. Are you a publicly-traded co	Local Telephone	e No:							Lo	cal POC Name:				
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Romelle Emmanuel Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporation? This section is not publicly-	ownership or finar Entities include a	ncial interest III business	t. The disclo	sure s orga	requirement, as ap anized under or go	plied	to land-use ap ed by Title 7 of	plications the Neva	s, exte	ends to the applicant and Revised Statutes, including	the la g but	ndowner(s). not limited to priva		
Romelle Emmanuel Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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. Romelle Emmanuel Print Name Owner 5/9/2022 Title Date		Full Na	ame					Title				lot required for Pub	olicly Traded	
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Romelle Emmanuel Print Name	Are any indicenter or Cl Yes Do any indicenter, grandfull-time employees.	 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)? 												
Signature Print Name Owner 5/9/2022 Title Date														
Owner 5/9/2022 Title Date	Signature							nanuel						
Title Date	v													
		tte Date												

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			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the of Domestic Partners – Children alf-Brothers/Half-Sisters – Gran	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
	noted above, please complete the folio ployee(s) noted above involved in the		particular agenda item?
	ployee(s) noted above involved in any		·
Notes/Comments:			
Signature			
Print Name Authorized Department Representat	tive		

Business Entity T	ype (Please select	one	V							
Sole Proprietorship	Partnership		Limited Liability	Corporati	on Tr		Non-Profit janization		Other	
Business Designa	tion Group (Pleas	e sel	ect all that apply)						
MBE	□WBE		SBE	☐ PBE		□V	ET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		y Challenge Enterprise		ran Owned ness		abled Veteran ned Business	Emerging Small Business
Number of Cl	ark County Ne	evad	da Residents	Employee	d: 21					11.010
Corporate/Busine	ss Entity Name:		LINK REMI	OUAL AN	O RINS	درد				1
(Include d.b.a., if a	pplicable)		Junkme	3 500						
Street Address:		7	IG E LA		PICWY	Website	ا ترساس	Jew	3 Junkon	1.6000
City, State and Zip	Code:		icnderson)				me: Lou	PAJE		
Telephone No: 76	2 527 5865					Fax No:	767 - 5			TO LEGAT
Nevada Local Stre	et Address:					Website				
(If different from a	bove)									
City, State and Zi	Code:					Local Fa	ıx No:			
						Local Po	OC Name:			
Local Telephone I	No:					Email:				
close corporations, for	oreign corporations, l	limited	d liability companie:	s, partnerships,	limited partr	erships, and	I professional co	•	ns. % Owne lot required for Pu	_
eneeu a	JiAi			MANAY	الما الما	enbe			orations/Non-profi	
								-		
This section is not	required for publication	-	•		-			- Lagran	No Clark Cour	nh. Data - U -
Center or Clark	County Water Recla	amati	on District full-time	employee(s), o	r appointed/e	elected official	al(s)?			,
Yes			elease note that Co s, or other contracts					ot pertorn	n any work on pro	fessional service
sister, grandch full-time emplo	ual members, partne ild, grandparent, rel yee(s), or appointed/	ated t	to a Clark County, (ad official(s)?	Department of	Aviation, Cla	rk County D	etention Center	or Clark	County Water Red	
Yes I certify under penalt	*		information provide						-	of take action on
								- John H. H.	at the Board Will [1	or take gollett til
Signature P1650 en Title	full	L		Liu Print Nam	PAUEL	ellik	-1800			
MESIDEN	T				5/4/2	22				
ııde				Date						

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
r)[a			
NA			
MA			
NA			
NA			
WA			
NIA			
NA	400		
NA			

^{*} 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)

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

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Business Entity Ty	ne (Plesse sales	t one)				71 1411011 7			· · · · · · · · · · · · · · · · · · ·
Meda	_	Limited Liability				Dia per			
Proprietorship	Partnership	Company		Corporation	Trus	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	se select all that apply	y)(- William			
MBE	☑ WBE	☑ SBE	_	PBE		□ VET		OVET	₹ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	DISADIBLI VERNIS			Emerging Small Business			
Number of Cla	rk County N	evada Residents	s En	nployed:			14	-	
				-					
Corporate/Business Entity Name: KOR Building Group, LLC									
(Include d.b.a., if ap	plicable)								
Street Address:		2670 Chandler Ave,	Suite	9 10		Website; https://wwn	w.korbg.co	m/	
A		Las Vegas, NV 8912	20			POC Name: Rebeco			
City, State and Zip	Code:						@korbg.cc		
Telephone No:		702-835-0890				Fax No: 702-216-65	77		
Nevada Local Stres	t Address:				- ROSE	Website:			
(If different from ab	ove)	Same as Above				menauc.			
City, State and Zip	Code:					Local Fax No:			
			Local POC Name:						
Local Telephone No): 					Email:			
acse corporations, ton	eign corporations, I	s organized under or gov Imited liability companies	s, part	nerships, limite	ritle	ships, and professional	corporations	s. % Owned	
ebecca Fountain	15-(1)	Ow	wner				Corpo 100	ot required for Publications/Non-profit	licly Traded organizations)
						718 - 16 - X			
1. Are any individua	l members, partner	r-traded corporations.	nvolv	ed in the busine	ese antitu	a Clark County Donor	Yes 🗸		y Detention
- Osnici of Olark C	No (if y	mation District full-time e es, please note that Coul tracts, or other contracts,	emplo: Intv er	yee(s), or appo nolovee(s), or a	inted/elec appointed	ted official(s)? /elected official(s) may			
anatol fletincille	members, partner	s, owners or principals hated to a Clark County, Do	ave a	enauge maiet	arad dam	notic dadmar shild and	rent, in-law o	er brother/sister, he ounty Water Recla	alf-brother/half- mation District
FT		as, please complete the [Disclo	sure of Relatio	nship forn	n on Page 2. If no. nies	ase print N/4	on Page 2 \	
certify under penalty o and-use approvals, cor	f periury, that all of	the information provided nd sales, leases or excha	l here	in is current or	omniete e	and againments. I also und	the same of		take action on
11/2	2	-	_	ebecca Fount	ain	=2/=			
Signature (P	rint Name					
wner / CEO			_	May 6	,202	2			
ītle			D	ate					

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NY	N/A	N/A	N/A
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	Clark County, Department of ship by blood. "Affinity" is a rel consanguinity" applies to the d Domestic Partners – Children lalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as gree)
For County Use Only:			
	noted above, please complete the follo		
9	nployee(s) noted above involved in the		
Yes No Is the County em	nployee(s) noted above involved in any	way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			
Deiet Name			
Print Name Authorized Department Representa	ative		

	Business Entit	у Тур	e (Please selec	t one)				T			
Misse			Partnership		y [Corporation	Trust			Other	
Street Business Women Owned Enterprise Single Business Single Business Enterprise Single Business	Business Desig	nati	on Group (Pleas	e select all that ap	ply)						
Number of Clark County Nevada Residents Employed: 16	□ МВЕ		□WBE	SBE		□PBE		□VET		/ET	☑ ESB
Corporate/Business Entity Name: (Include d.b.a., if applicable) Service Team of Professionals Street Address: 3660 North STH Street #170 Website*Ittps://www.stoprestoration.com/las-vegas/ North Las Vegas, NV 89032 POC Name; Scotily Hart Email: soutly@stophy.com Telephone No: 702-430-6102 Fax No;702-649-4005 Website: (It different from above) City, Stats and Zip Code: Local Fax No; Local Fox No; Local Fax	,	is	Business							Emerging Small	
Service Team of Professionals Street Address: 366 North 5TH Street #170 Website*Https://www.stoprestoration.com/las-vegae/ North Las Vegas, NV 89032 POC Name; Scottly Hart	Number of	Clar	rk County N	evada Resider	its E	Employed:			16		
Street Address: 3660 North 5TH Street #170 Website*https://www.stoprestoration.com/las-vegas/ North Las Vegas, NV 89032 POC Name; Scottly Hart Email; scottly@stoply.com	Corporate/Busi	orporate/Business Entity Name: Michael Mendoza Inc.									
North Las Vegas, NV 89032 POC Name: Scotty Hart	(Include d.b.a.,	if ap	plicable)	Service Team of F	rofes	ssionals					
Telephone No: 702-430-6102 Fax No;702-549-4005 Nevada Local Street Address: (If different from above) City, State and Zip Code: Local Fax No: Local POC Name: Email: 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, storated to the applications, for the profit organizations organizated 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 (Not required for publicly-traded corporations. Are you a publicly-traded corporations) Wilchael Mendoza Owner Title (Not required for publicly-traded corporations, the profit organizations) Owner Title (Not required for publicly-traded corporations, are you a publicly-traded corporation) Owner Title (Not required for publicly-traded corporations, are you a publicly-traded corporation) Owner Title (Not required for publicly-traded corporations, are you a publicly-traded corporation) Owner Title (Not required for publicly-traded corporations, are you a publicly-traded corporation) Owner Title (Not required for publicly-traded corporations, brain and the profit organizations) Owner Not section is not required for publicly-traded corporations, which are not subject to competitive bild. (Not required for Aviation, Clark County) Department of Aviation, Clark County, Department of Aviation, Clark County Determined Clark County Water Reclamation District sub-time employee(s), or appointed/elsected official(s)? On any individual member	Street Address	:		3660 North 5TH S	treet	#170	V	/ebsite:https://www.sto	prestora	ation.com/las-v	/egas/
Nevada Local Street Address: (if different from above) City, State and Zip Code: Local Fax No: Local POC Name: Email: 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 organizes under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, cose corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title Nowned (Not required for Publicly-Traded Corporations) Wilchael Mendoza Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No (If yes, piease note that County employee(s), or appointed/elected official(s)? Yes No (If yes, piease note that County employee(s), or appointed/elected official(s)? Yes No (If yes, piease note that County employee(s), or appointed/elected official(s)? No any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-lieu or bortherisater, half-brotherinaff sister, grandolid, grandepartner, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District titl-lime employee(s), or appointed/elected official(s)? No (if yes, piease complete the Disclosure of Relationship form on Page 2. If no, piease 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 un	City, State and	Zip C	Code:	North Las Vegas,	NV 8	9032			olv.com		
City, State and Zip Code: Local Fax No:	Telephone No:			702-430-6102			F	ax No:702-549-4005			
Local Telephone No: Local POC Name: Email:							W	/ebsite:			
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, cose corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title Womed (Not required for Publicly Traded Corporations.) Are you a publicly-traded corporation? Owner 100 This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Wes No Owned 100 This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No (If yes, please note that County 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 bic.) 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 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 informa	City, State and	Zip (Code:				L	ocal Fax No:			
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). Futilis include all business associations organization ownerships, applied to land-use applications, extends to the applicant and the landowner(s). Futilis 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 Wichael Mendoza Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner Ves No Owner The section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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.) The proportion of the propriet of the propriet of 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 apprevals. contract apprevals, land sales, leases or exchanges without the completed disclosure form.	I asal Talamban	a Ma					L	ocal POC Name:			
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 Title (Not required for Publicly Traded Corporations) Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner Owner Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner Owner Owner Owner Owner Owner Owner This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Owner Owne	Local Telephon	e No	:				E	mail:			
1. 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.) 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 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 apprevals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Michael Mendoza Signature Downer 5-09-22	close corporations	s, fore	eign corporations,		nies, p	oartnerships, limit	ed partnersh	ips, and professional corp	oorations. (Not Corpor	% Owner t required for Put	d blicly Traded
1. 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.) 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 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 apprevals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Michael Mendoza Print Name 5-09-22											
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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 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 apprevals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Michael Mendoza Signature 5-09-22	Center or C	lark C	ounty Water Recl	amation District full-tir	ne em	ployee(s), or app	ointed/electe	ed official(s)?	ent of Avia	ation, Clark Coun	•
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 apprevals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Michael Mendoza Signature Dwner 5-09-22	2000										
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 apprevals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Michael Mendoza	sister, grand full-time em	dchild	, grandparent, rel e(s), or appointed	ated to a Clark Count elected official(s)?	ty, De	partment of Aviati	ion, Clark Co	ounty Detention Center or	Clark Co	ounty Water Rec	
Signature Print Name 5-09-22	I certify under per		of perjury, that all o	of the information prov	/ided h	nerein is current,	complete, ar	nd accurate. I also unders			ot take action on
Signature Print Name 5-09-22	_	1	4			Michael Mende	oza				
	Signature	-/	0								
Title Date	Owner					5-09-22					
1	Title					Date					

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Michael Mendoz	Erika Mendoza /Chief Deputy District	Wife	District Attorneys Office
= =			
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a relectors and unity" applies to the consanguinity" applies to the consanguinity" applies to the consanguinity" applies to the consanguinity" applies to the consanguinity applies to the consanguinity.	candidate's first and second - Parents – In-laws (first deg	ree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the follo	wing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes 🗹 No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
David Por Signature David Pollex Print Name Authorized Department Representate	· ·		

port	pe (Please select	one)						
Sole Proprietorship	Partnership	Limited Liability Company	✓ Corporation	Trust	Non-Profit Organization		Other	1001
Business Designat	ion Group (Pleas	e select all that apply	0		·			
☐ MBE	✓ WBE	SBE	☐ PBE		VET	□DVET □ES		□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise			abled Veteran rned Business	Emerging Small Business		
Number of Cla	rk County No	evada Residents	Employed:	7				
		Weaver Constructio	n Inc					
Corporate/Busines		Trouver Constitution	11 110.					
(Include d.b.a., if a	pplicable)	2590 N. Nellis Blvd.		T	ebsite: weaver-const	ruction	com	
Street Address:					OC Name: Phyllis We			
City, State and Zip	Code:	Las Vegas, NV 891	115	1			mbargmail.com	
		700 644 4000			1190111.	St T@G	nibarqinan.com	
Telephone No:		702-644-1088		F:	ax No: 702-643-8961			-
Nevada Local Stree (If different from al		same		W	ebsite: same			
City, State and Zip	Code:	same		L	ocal Fax No: same			
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ownership or financial Entities include all bu	l interest. The disclousiness association	osure requirement, as ap s organized under or go	oplied to land-use a overned by Title 7 d	pplications, ex of the Nevada	nd Directors in lieu of tends to the applicant an Revised Statutes, including	nd the la ling but	indowner(s). not limited to priva	
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NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
			100 100 410
	ship by blood. "Affinity" is a reconsanguinity" applies to the		I degree of blood relatives as
Spouse – Registere	d Domestic Partners - Childre	n – Parents – In-laws (first de	egree)
Brothers/Sisters – F	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	in-laws (second degree)
For County Use Only:		<u> </u>	
	noted above, please complete the fol	lowing:	
Yes No Is the County en	nployee(s) noted above involved in the	e contracting/selection process for thi	s particular agenda item?
Yes No Is the County en	nployee(s) noted above involved in an	y way with the business in performan	ice of the contract?
Notes/Comments:			
Signature			
3			

Print Name Authorized Department Representative

Business Entity Ty	ne (Piease select	one							
TI Sole		Limited Liability	5000	7		Non-Profit			
Proprietorship	Partnership	Company	-	Corporation	Trust	Organization		Other	
Business Designat	ion Group (Pleas	e select all that appl	y)	7			_		
MBE	WBE	SBE		☐ PBE		VET		DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Small Business Physically Challenged Business Enterprise Business				Disabled Veteran Owned Business Emerging Small Business		
Number of Cla	rk County N	evada Resident	s E	mployed:	32	2			
Corporate/Business Entity Name: Alliance Environmental Group, LLC.									
(Include d.b.a., if a									
Street Address:	promoto	777 N. Georgia Ave	e		Ι,	Website: www.alliance-	enviro	.com	
City, State and Zip	Code:	Azusa, CA 91702			ı	POC Name: Pedro Cruz		ce-enviro.com	
Telephone No:		626-633-3500				Email: pedrocruz@ Fax No: 6266333599	allal	Ce-e/10/10.CO/11	
Nevada Local Stree		3120 East Post Rd				Website: www.alliance-	enviro	.com	
City, State and Zip		Las Vegas, NV. 89	120			Local Fax No: 702-851-	8154		
		700 054 0005				Local POC Name: Pedro		:	
Local Telephone N	0:	702-851-8025				Email: pedro	cruz@	alliance-enviro.	com
Entities include all be close corporations, fo	usiness association reign corporations, Full Name	s organized under or g limited liability compani	overr ies, p	ned by Title 7 of artnerships, limit	the Nevada ed partners Title	a Revised Statutes, includ ships, and professional con	ooratio	ns. % Owne	d
Jeff McLean			Presi	ident				Not required for Pu porations/Non-profi 3%	
None of the Additio	nal owners of Al	liance Environment	al G	roup (Equity C	Group) ow	owns more than 5% > 5%			
Board of Direct	ors: Jeff McClea	n - President; Shau	n Mı	urphy - Senior	Vice Pre	sident;			
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 1. 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.) 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 No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)									
		of the information providend sales, leases or ex			completed o	and accurate. I also unders disclosure form.	stand ti	nat the Board will n	ot take action on
Senior Vice Preside	nt	· · · · · · · · · · · · · · · · · · ·			1202	2			
				1					

OTTILITIES INTO AL	AND JOD IIILL	LIVIT LOT LL/OT TIQUAL	DEPARTMENT
N/A	N/A	N/A	N/A
	_		
* County employee means (Water Reclamation District. "Consanguinity" is a relations	, ,	of Aviation, Clark County Deter	ntion Center or Clark County
"To the second degree of co		e candidate's first and second	degree of blood relatives as
follows:			
 Spouse – Registered 	Domestic Partners - Childr	en – Parents – In-laws (first deg	gree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – G	randchildren – Grandparents – I	n-laws (second degree)
For County Han Only			

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
Drive Norman
Print Name Authorized Department Representative