DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DISCEOS							
Business Entity Ty	ne (Please selec	t one)							
7 Solo]Partnership	Limited Liab	ility	Corporation	☐ Trust	Organization Non-Pr	rofit	☐ Other	
Business Designa	tion Group (Plea	se select all that	apply)			-			
T MBE	□WBE	☐ SBE	200			□ VET	DVET		☐ ESB
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Challenged terprise	Veteran Owned Business	ed Disabled Veteran Owned Business		Emerging Small Business
		_							
Number of Cla	ark County N	levada Resid	lents	Employed:		1:	21		
realineer or on	and obtaining .								
		TAB Contra	otoro	Inc					
Corporate/Busine		TAB Contra	CIOIS,	IIIC.					
(include d.b.a., if applicable)		0000 4	u E t t Ot Guite B		Vebsite: www.nclasv	egas.e	com/TAB		
Street Address:		6600 Amelia	6600 Amelia Earhart Ct. Suite B						
City, State and Zig	Code:	Las Vegas, Nevada 89119			11	OC Name: Mark Urba	an Inclas	vegas.com	
Oity, Otate and En	, , ,							103000	
Telephone No:		702-642-30	702-642-3033			ax No: 702-642-987	0		
Nevada Local Stre	et Address:	same as above			V	Website:			
(If different from a	ibove)		Same as above						
City, State and Zi	p Code:					Local Fax No:			
City, State and 21p code.					L	ocal POC Name:			
	Local Telephone No:		1			Email:			
All entities, with the financial interest in the Publicly-traded en ownership or financial	e exception of publishe business entity titles and non-prial interest. The dis	ofit organizations	shall l	st all Corporat	et list the name	nes of individuals holding mand Directors in lieu of do	isclosing and the l	g the names of andowner(s). of limited to priva	individuals with
All entities, with the financial interest in the Publicly-traded en ownership or financial	e exception of publishe business entity titles and non-prial interest. The dis	ofit organizations	shall l	st all Corporat	et list the name	nes of individuals holding m	isclosing and the I ng but no orporation	g the names of landowner(s). ot limited to priva ons. % Owne	individuals with ate corporations, ad
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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
		1/0	
	, n	VA	

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

or County Use Only:
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?
otes/Comments:
ignature
rint Name

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

[&]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: