DISCLOSURE OF OWNERSHIP/PRINCIPALS

	VIVI	e (Please selec	ct one	1								
Sole		Partnership		Limited Liability		Comeration	Trust	Non-Profit		Other		
Proprietorship			Co	mpany	-	Corporation	Trust	Organization		Otner		
	gnatio		se sei	ect all that apply	()	Application of the second	William Townson					
MBE		WBE		SBE	+	PBE		VET		DOVET ESB		
Minority Busines Enterprise			đ	Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business	
Number of	Clar	k County N	evac	la Residents	En	nployed:	24					
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Corporate/Busi	ness	Entity Name:						vices dbA C	rass(ozes of S	othern Nevas	
Include d.b.a.,	if app	olicable)		ossedad?								
Street Address:			212	ZIZIW, Charleston LAS Vegas, NV 89182			We	Website: Crosscords ofsonu com				
City, State and Zip Code:		LA	LAS JEGAS, NV BEIDZ				POC Name: Paul Vantrinot Email: Paul & Crossrozds ofson Com					
Telephone No:			70	7-382-7	746	7	Fa	k No:				
Nevada Local S	treet	Address:	1	3.83			We	bsite:				
If different from												
City, State and	Zip C	ode:					Lo	cal Fax No:				
						· · · · · · · · · · · · · · · · · · ·	Loc	Local POC Name:				
ocal Telephon	e No:		-	Email:				ail:				
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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
n/a			
		1	
No.		V	
	energies, in terminal communication (SM) feliciones en report que dell'Anton America negació		
	hip by blood. "Affinity" is a rela		degree of blood relatives as
Spouse – Registered	Domestic Partners - Children	 Parents – In-laws (first deg 	ree)
 Brothers/Sisters – Ha 	llf-Brothers/Half-Sisters – Gran	dchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is no	oted above, please complete the follow	ving:	
	oyee(s) noted above involved in the co		
_	oyee(s) noted above involved in any w	ay with the business in performance	of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representativ			