## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

Business Entity Type (Please select one)							
Sole Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designation Group (Please select all that apply)							
MBE ✓ WBE	<b>√</b> SBE	PBE	VET	DVET	ESB		
Minority Business Women-Owne Enterprise Business Enter		Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business		
Number of Clark County Nevada Residents Employed: 60							
Business Information:							
Corporate/Business Entity Name:	TC Nevada LLC						
(Include d.b.a., if applicable)	TLC Luxury Transportation						
Street Address:	4015 W. Tompkins Avenue Website; www.tlcluxury.com						
City, State and Zip Code:	v, State and Zip Code: Las Vegas, NV 89103		POC Name:	POC Name: Mike Haggerty			
Telephone No:	702-303-1341	341 POC Email: Mike@f		Mike@tlcluxury.ve	e@tlcluxury.vegas		
			Fax No:				
Nevada Local Street Address:		Website:					
(If different from above)	f different from above)		Local POC N	Local POC Name:			
City, State and Zip Code:			Local POC E	Local POC Email:			
Local Telephone No:	Local Fax No:			):	G07///02:34		
<b>All entities,</b> with the exception of (5%) ownership or financial interes	publicly-traded and non-pr	ofit organizations, must l	list the names of in	ndividuals holding more	than five percent		
<b>Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors</b> 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).							
<b>Entities</b> 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							
Olga F Haggerty O		Owner		Corporation 100	ns/Hon-profit organizations)		
	_						
This section is not required for	publicly-traded corporal	tions. Are you a public	cly-traded corpo	ration? Yes	I./ No		
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 Via (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 pot take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.							
allya & Haggert							
Signature 0		Print Name	Vm21=1.0.2		***************************************		
Title		10/12/2022 Date					

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

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			

- 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 item?  No Is the County employee(s) noted above involved in anyway with the business in performance.	
Notes/Comments:	
Signature  Print Name Authorized Department Representative	

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

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

<sup>&</sup>quot;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: