### DISCLOSURE OF OWNERSHIP/PRINCIPALS

Rusiness Entit	v Tvi	ne (Please select	one)									
Business Entity Type (Please select one)				Limited Liability	lity		Non-Profit					
Sole Proprietorship			mpany		Corporation	Trus	organiz			Other		
Business Designation Group (Please select all that apply)												
☐MBE ☐WBE			SBE	,	PBE		□ VET			OVET	□ESB	
Minority Business Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		Veteran 0 Business	Owned		abled Veteran ned Business	Emerging Small Business	
										,		
Number of Clark County No			evac	da Residents	s E	mployed:				8		
Corporate/Business Entity Name:		Beltway Business Park Warehouse No. 3, LLC										
(Include d.b.a., if applicable)		N/A										
Street Address:		13191 Crossroads Pkwy., 6th Floor Website: majesticrea				jesticrealty						
City, State and Zip Code:			City of Industry, CA 91746			POC Name:						
Talankana Na						Email: Fax No: 562-692-1553						
Telephone No:					10.857					OF LAST		
Nevada Local S			4050 W. Sunset Road, Suite H			Website: majesticrealty.com						
(If different from			Las	Vegas, NV 8	191	18	-	702.806 5564				
City, State and	LIP	Code:						Local Fax No: 702-896-5564				
Local Telephor	ne No	<b>)</b> :	70	2-896-5564				Local POC Name: Rod Martin rmartin@majesticrealty.com  Email:				
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						% Owned (Not required for Publicly Traded rporations/Non-profit organizations)		
Thomas & Ma	ck B	eltway, LLC	Manager/Member		•			See attached				
Majestic Beltw	ay V	Varehouse Buil	dings, LLC Manager/Member			See		See A	ee Attached			
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?												
<ol> <li>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)?</li> </ol>												
Yes (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, p	lease complete th	ne Di	sclosure of Relat	ionship fo	orm on Page 2.	lf 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.												
Signature	_/	//	$\nu$	V		Rodman C N	Martin					
Sigrature  Authorized Agent						riiit ivame	1/-	121				
Title Authorized Ag	CIIL					Date	100	101				

# ATTACHMENT TO OWNERSHIP DISCLOSURE FORM

TITLE	% OWNED (Not required for publicly traded corporation/non-profit organizations)	
Narehouse Buildings,	LLC	
Member	15%	
Member	14.5%	
Member	10%	
Member	5%	
/ACK BELTWAY, LLC		
Member	4%	
Member	6.66%	
Member	6.66%	
Member	6.66%	
	Marehouse Buildings, Member Member Member Member MACK BELTWAY, LLC Member	

foll that

Rodman C. Martin

Sr. Vice President, Majestic Realty Co.

Member Majestic Warehouse Buildings II, LLC

### **DISCLOSURE OF RELATIONSHIP**

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

	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*
NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NA	AND JOB TITLE	EINIFLOTEE/OFFICIAL	DEFARIWENT
14/ (			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	lationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childrei	n – Parents – In-laws (first deç	gree)
Brothers/Sisters – H	lalf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
			<del></del>
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			
S.g., attai S			
Print Name Authorized Department Representa	tive		

# **DISCLOSURE OF OWNERSHIP/PRINCIPALS**

Business Entity Type (Please select one)										
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other				
Business Designation Group (Please select all that apply)										
<b>☑</b> MBE <b>☐</b> WBE		□SBE	PBE		□VET	□DVET	□ESB			
Minority Business Enterprise  Women-Owned Business Enterprise		Small Business Enterprise	Physically Challenger Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business			
Number of Cla	rk County Ne	evada Residents Employed:								
			<u> </u>							
Corporate/Business Entity Name:		Summit Spirits and Wine, INC								
(Include d.b.a., if ap	•	·								
Street Address:		880 Wigwam	Parkway	lebsite: SSWbeve	rage.com					
		Henderson, N	IV 89014		oc Name: Ian Sta	ller				
City, State and Zip	Code:				ian@ss	swbeverage.com	m			
Telephone No:		702-567-5007	7		ax No:					
Nevada Local Street Address:					Website:					
(If different from ab	ove)									
City, State and Zip	Code:	Local Fax No:								
Local Talanhana Na		ι			Local POC Name:					
Local Telephone No	);	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 organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations,										
ownership or financial	interest. The disclo	sure requirement, as ap	plied to land-use ap	plications, ex	ktends to the applicant ar	nd the landowner(s).				
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Kevin McCrac Tan Stallert Tony Ravelo Dr. Paul Nass	interest. The disclosiness associations eign corporations, I  Full Name  CKEN	sure requirement, as ap s organized under or go imited liability companie	plied to land-use ap werned by Title 7 of s, partnerships, limit CEO CFO Tesident	plications, exit the Nevada ted partnersh	ktends to the applicant ar Revised Statutes, including and professional con	nd the landowner(s).  ding but not limited to priving the priving	ate corporations, ed iblicly Traded			
close corporations, for McCrace  Kevin McCrace  Ian Stallert  Tony Ravelo  Dr. Paul Nass  This section is not re-	interest. The disclosiness associations eign corporations, I  Full Name  CKEN	sure requirement, as ap s organized under or go imited liability companie	plied to land-use ap verned by Title 7 of s, partnerships, limit CEO CFO President Irector	plications, exit the Nevada ted partnersh  Title	Revised Statutes, including and professional configuration?	nd the landowner(s).  ding but not limited to priviporations.  % Owne (Not required for Pu Corporations/Non-prof 25  25  25  No	ate corporations, ed iblicly Traded fit organizations)			
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# **DISCLOSURE OF OWNERSHIP/PRINCIPALS**

Business Entity Type (Please select one)										
Sole Proprietorship	Partnership	Limited Liability Corporation		Trust	Non-Profit Organization	Other				
Business Designation Group (Please select all that apply)										
<b>☑</b> MBE <b>☐</b> WBE		□SBE	□PBE		□VET	□DVET	□ESB			
Minority Business Enterprise  Women-Owned Business Enterprise		Small Business Enterprise	Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business			
Number of Cla	rk County Ne	evada Residents Employed:								
	<b>y</b>		<u></u>							
Corporate/Business Entity Name:		Good Spirtis Distributing, LLC								
(Include d.b.a., if applicable)		880 Wigwam	Parkway	yoboito goodspirt	rtisdistributing.com					
Street Address:		Henderson, I	-		POC Name: lan Stal	ler				
City, State and Zip	Code:	,			ian@ss	wbeverage.com	m			
		702-567-500	7		mail:	<del>_</del>				
Telephone No:				F	ax No:					
Nevada Local Street Address:		!			Website:					
(If different from above)										
City, State and Zip Code:					Local Fax No:					
Local Telephone No:					Local POC Name:					
Local Telephone N	,. 	Email:								
				list the nam	es of individuals holding i	more than five percent (5	%) ownership or			
financial interest in the	business entity ap	pearing before the Boa	rd.							
					nd Directors in lieu of extends to the applicant an		individuals with			
·					Revised Statutes, including	` ,	ate cornorations			
					nips, and professional corp		ate corporatione,			
	Full Name			Title		% Owne (Not required for Pu				
Kovin McCros	den	CEO			Corporations/Non-profit organizations) 25					
Kevin McCrac	Ken		CEO							
Ian Stallert			CFO							
Tony Ravelo	:1		resident							
Dr. Paul Nass	Ш	D	Director			25				
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?										
<ol> <li>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)?</li> </ol>										
Yes (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.)										
<ol> <li>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</li> </ol>										
	d, grandparent, rela	ated to a Clark County,								
full-time employe	d, grandparent, relace(s), or appointed/	ated to a Clark County, elected official(s)?	Department of Aviat	ion, Clark C	ounty Detention Center of	r Clark County Water Red				
	d, grandparent, relace(s), or appointed/	ated to a Clark County, elected official(s)?	Department of Aviat	ion, Clark C		r Clark County Water Red				
full-time employed Yes  I certify under penalty	d, grandparent, relace(s), or appointed/ No (If y	ated to a Clark County, elected official(s)? res, please complete th	Department of Aviate Disclosure of Related herein is current,	ion, Clark C ionship form complete, a	ounty Detention Center of non Page 2. If no, please and accurate. I also unders	r Clark County Water Rec	clamation District			
full-time employed Yes  I certify under penalty	d, grandparent, relace(s), or appointed/ No (If y	ated to a Clark County, elected official(s)? res, please complete th f the information provid	Department of Aviate Disclosure of Related herein is current,	ion, Clark C ionship form complete, a ompleted di	ounty Detention Center of non Page 2. If no, please and accurate. I also unders	r Clark County Water Rec	clamation District			
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full-time employed Yes  I certify under penalty land-use approvals, co	d, grandparent, relace(s), or appointed/ No (If y	ated to a Clark County, elected official(s)? res, please complete th f the information provid	Department of Aviate Disclosure of Related Herein is current, thanges without the color and Stalle	ion, Clark C ionship form complete, a ompleted di	ounty Detention Center of non Page 2. If no, please and accurate. I also unders	r Clark County Water Rec	clamation District			