## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Ent	ty Ty	e (Please select	one)	***	T	-1					
Sole Proprietorship	P	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization		Other			
Business Des	ignati	on Group (Pleas	e select all that app	ly)	NAME OF TAXABLE PARTY.				-		
MBE		WBE	☐ SBE	□PBE	and the state of t	□ VET	□DV	ET	□E\$B		
Minority Business Enterprise  Women-Owned Business Enterprise		Small Busines Enterprise	Physically Challenged Business Enterprise		Veteran Owned Business			Emerging Small Business			
Number of	f Cla	rk County No	evada Resident	s Employed:			144				
Corporate/Bu	Corporate/Business Entity Name:			Charleston Residential Services LLC							
(Include d.b.a	(Include d.b.a., if applicable)		CrossRoads of Southern Nevada								
Street Addres	Street Address:		2121 Charleston Blvd.			Website: crossroadsofsonv.com					
			Las Vegas, NV 89192			OC Name: Dave Maro	olon				
City, State an	d Zip (	Code:				Email: david.m@crossroadsofsonv.com					
Telephone No	);	***************************************	702-234-1356			ax No:					
Nevada Local	Stree	t Address:			v	/ebsite:					
(If different fr											
City, State ar		1804 Antonios		Local Fax No:							
	Local Telephone No:			Local POC Name:							
Local Telepho				Email:							
close corporation	e all bu	eign corporations, Full Name	is organized under or g limited liability compan	ies, partnerships, lim	ited partnersh	Revised Statutes, including including the state of the st	rporations.	% Owne	d		
Will McNeal			ı	Owner					it organizations)		
JJ Bell	COMMUNICATION OF THE PERSON OF	a men andre hands for the common consecutive file of the strange may be supply that the	The state of the s	Owner			18%				
Jeff Iverson			- August and August an	Owner	And an object and real of property of property of the second	MAN LES BERRY P. C. O. D. Departure and Marine Spirits (M. S.	18%				
Stu Engs				Owner			8%	8%			
Are any in Center or Yes      Do any in sister, granters.	ndividu r Clark ndividu: andchil	al members, partne County Water Rec No (If co al members, partne d, grandparent, re ee(s), or appointed	lamation District full-tim yes, please note that ( intracts, or other contra- ers, owners or principa lated to a Clark Count Velected official(s)?	Is, involved in the bus ne employee(s), or ap County employee(s), icts, which are not su Is have a spouse, reg y, Department of Avia	iness entity, pointed/elect or appointed/ bject to comp gistered dome ation, Clark C	a Clark County, Department of official(s)? elected official(s) may not etitive bid.) estic partner, child, parecounty Detention Center of the county Detent	nent of Avia of perform a nt, in-law o or Clark Co	any work on pro r brother/sister, bunty Water Red	fessional service		
			1 1 1 1 1	the Disclosure of Rela	ationship form	on Page 2. If no, pleas	e print N/A	on Page 2.)			
t cortify under land-use appro	penally ovais, c	of periury, that all		xchanges wilhout the	completed di	nd accurate. I also unde sclosure form.	rstand that	the Board will n	ol take action on		
t certify under pland-use appea	penally ovals, c	of periury, that all	of the information prov	changes without the  David Marlor	completed di	nd accurate. I also unde sclosure form.	rstand that	the Board will n	ool take action on		
L cortify under I	penalty ovals, c	of periury, that all	of the information prov	David Marlor Print Name	completed di	nd accurate. I also unde sclosure form.	rstand that	the Board will n	ool take action on		
t certify under pland-use appea	penalty ovals, c	of periury, that all	of the information prov	changes without the  David Marlor	completed di	nd accurate. I also unde sclosure form.	rstand that	the Board will n	ool take action on		

## **DISCLOSURE OF RELATIONSHIP**

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

Print Name 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	N/A	N/A	N/A
	p 1/4 ATTION		
			-
A CONTROL COMPA		samme retire: w	
	nship by blood. "Affinity" is a re consanguinity" applies to the		d degree of blood relatives as
<ul> <li>Spouse – Register</li> </ul>	ed Domestic Partners – Childr	en – Parents – In-laws (first d	egree)
Brothers/Sisters –	Half-Brothers/Half-Sisters – G	randchildren – Grandparents -	- In-laws (second degree)
For County Use Only:			-
•	s noted above, please complete the fo	ollowing:	
	mployee(s) noted above involved in the		
Yes No Is the County e	employee(s) noted above involved in a	ny way with the business in performa	ance of the contract?
Notes/Comments:			
Signature	X		