



CITY OF LAS VEGAS
 DEPARTMENT OF PLANNING
 BUSINESS LICENSING DIVISION
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 Las Vegas, NV 89106

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AFFIDAVIT OF SUPPORT

NOTE: The person (Owner/Key Employee) filling out and signing this form must have gone through a background investigation in order for this form to be valid.

AFFIDAVIT:

I, _____ being first duly sworn, depose and say:
Employer/Manager Name

I am the employer or manager of _____ at _____
Employee's Name Business Name

located at _____ , _____
Business Address License Number

The above referenced employee has applied for the position of _____

I have reviewed the LVMPD report of this employee dated _____
Date on the Metro report **NOTE: Date should be within the last 14 days.**

I support the employment of the above referenced employee and will attend the scheduled City Council Meeting.

I do not support the employment of the above referenced employee.

Comments:

Affiant's Printed Name

Affiant's Signature

SUBSCRIBED AND SWORN TO before me on this

the _____ day of _____, 20_____

 NOTARY PUBLIC