

CITY OF LAS VEGAS DEPARTMENT OF COMMUNITY DEVELOPMENT BUSINESS LICENSING DIVISION

Fax (702) 382-6642 TTY 7-1-1 E-mail us at license@lasvegasnevada.gov

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,bei	ng first duly sworn, depose and say:
Employer/Manager Name	
I am the employer or manager of	at
I am the employer or manager of 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 en	aployee and will attend the scheduled City Council Meeting.
	1 1
☐ I do not support the employment of the above referen	nced employee.
Comments:	
Affiant's Printed Name	Affiant's Signature
SUBSCRIBED AND SWORN TO before me on this	Amants organic
the day of	, 20
NOTARY PUBLIC	

Affidavit of Support PL223 Revised 12/19/2016