CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
333 N. Rancho Dr., 6th Floor
Las Vegas, NV 89106

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TDD (702) 464-2540
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. Form to be completed once Owner/Key Employee has reviewed the final police report of the potential employee.

AFFIDAVIT:

I, John Shunick (Employer Name) being first duly sworn, deposed and state:

I am the employer of Tracy Lowe (Employee's Name) located at Speedee Mart (Business Name) ~~6703 Alexander Ave.~~ 6703 Alexander Ave (Business Address), LIQ-00120-4-000224 (License Number)

The above referenced employee has applied for the position of Sales associate

☑ I have reviewed the Metro report of this employee dated 3/14/14 (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.

Additional Comments:

John Shunick
Affiant's Printed Name

John Shunick
Affiant's Signature

State of Nevada
County of Clark
SUBSCRIBED AND SWORN TO before me

This 14 day of March, 20 14

Michael Sena
NOTARY REPUBLIC

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
MICHAEL SENA
Appt. No. 13-11932-1
My Appt. Expires Oct. 18, 2017

Or Business license official signature: _____

Submitted after final agenda

All information on this form and any attachments are public record

Date 3/17/2014 Item 53