



MLB Stadium Project – Small Local Business (SLB) Status Certification

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

NEVADA SECRETARY OF STATE BUSINESS REGISTRATION NUMBER [Mandatory Field] _____

NAME OF AUTHORIZED REPRESENTATIVE: _____

TITLE OF AUTHORIZED REPRESENTATIVE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TAXPAYER ID: _____

SMALL LOCAL BUSINESS STATUS:

Subcontractors/Suppliers are responsible for determining their own status in accordance with applicable law. For business certification definitions, please refer to the applicable regulations of the certifying agency, jurisdiction or public work authority.

CERTIFICATION:

Under penalties of perjury and other legal sanctions applicable to fraudulent representations or false statements, Subcontractor/Supplier certifies the following regarding its status, as evidenced by the signature of its authorized representative on this form.

- Subcontractor/Supplier is a small local business based on the following: (a) The business is financially and operationally independent from any other business; (b) The business is not temporary and has operated for at least 4 years before entering into the contract or agreement; (c) The business maintains its principal place of business in a fixed location within the State of Nevada; (d) The business has obtained all necessary licenses and registration within this State; and (e) The annual revenues of the business for each of the immediately preceding 3 fiscal years has not exceeded: (i) For public works projects, \$20,000,000; (ii) For any other construction projects, \$10,000,000; (iii) For any goods, materials, equipment and general services contracts, \$10,000,000; (iv) For professional services including, without limitation, architectural and engineering services, \$2,500,000; and (v) For trucking services, \$3,500,000.

ADDITIONAL CERTIFICATION:

(Complete if applicable)

Other business status certification: _____

Certifying agency or authority: _____

SIGNATURE:

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____