



City of Henderson Lobbyist Registration Form

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| Badge # _____ |
| Renewal Date _____ |
| Update <input type="checkbox"/> |

The Lobbyist Registration Form must be submitted at the beginning of each calendar year or within five days of your first communication with City Council, Planning Commission, and/or City staff. This form must be resubmitted throughout the year to update new client and/or lobbyist information. In the instance of an update, only applicable fields need to be completed. Forms may be submitted via: email to CityClerk@cityofhenderson.com; faxed to (702) 267-1401; or mailed to the Office of the City Clerk, P.O. Box 95050 MSC 114, Henderson, NV 89009-5050. All lobbyist forms are available at www.cityofhenderson.com/city_clerk.

The term "Lobbyist" means a person who:

- Appears in city hall including the city council chambers or any other building in which the city council or the planning commission, or any of their standing committees, hold meetings or any other location an appointment to meet has been set; and
- Communicates directly with a member of the city council, the planning commission and/or city staff on behalf of an individual, group or entity and will lobby for their interests or benefit to influence staff, legislative or council action; and
- Receives a salary from an employer or compensation from that individual, group or entity and will lobby for their interests or benefit to influence legislative action or decisions made by city staff, the city council or the planning commission.

Lobbyists are required to disclose all clients being represented, regardless if compensation is received.

In accordance with Henderson Municipal Code chapters 2.40 – Ethical Standards for Public Servants and 2.100 – Registration and Regulation of Lobbyists; I understand that if appointed to the Planning Commission I shall not act as a lobbyist before the city council, planning commission, or agency or department during my appointed term or 12 months following my service.

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| LOBBYIST INFORMATION |
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LOBBYIST NAME: _____ APPLICATION DATE: _____

PERMANENT ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PRINCIPAL AREAS OF INTEREST: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

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| CLIENTS INFORMATION |
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PROVIDE THE BUSINESS NAME, FULL NAME, AND COMPLETE ADDRESS OF EACH PERSON OR ENTITY BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING:

| <u>NAME/BUSINESS NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> |
|---------------------------|----------------|--------------|
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SIGNATURE OF LOBBYIST

DATE