



Affidavit of Compliance for Apparel-Related Procurement

Bid # 12930

Date: 3-12-14

Prime Contractor: _____

Name of Owner:	SEE ATTACHED
Company Name:	W.S. DARLEY & CO.
Company Address:	325 SPRING LAKE DR. ITASCA, IL 60143

Important Information

This Affidavit of Compliance for Apparel-Related Procurement (Affidavit) is the bidder's sworn statement that the facilities identified in their supply chain are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 Requirements for Apparel Purchases. This Affidavit is required for any and all purchasing activities relating to apparel – including, but not limited to, textile, footwear, manufacture, warehouse purchase, rental, laundering and dry cleaning.

As part of their bid response, Bidders shall procure and submit sworn affidavits for:

- Their own company as the retail supplier identified above, and
- For the company or companies they procure item(s) from, and
- From every subcontractor to be employed during the specified time period of the contract, and
- The Owner of the company (i.e., the individual person(s) who own and operate each company).

If any information on the Affidavit(s) changes during the specified time period of the contract, a new Affidavit with the updated information shall be promptly submitted by the retail supplier to the City of Milwaukee Procurement Services Section.

The successful bidder must ensure that the base wages comply with the hourly non-poverty wage table. Non-compliant bids may be rejected. The hourly non-poverty wage table is defined and updated by the City of Milwaukee every year on March 1 and can be found on our website at <http://city.milwaukee.gov> > Directory > Procurement Services (Purchasing) > Forms & Affidavits > Ethical Purchasing Wage Table.



CMAS
4/30/14 DM



Affidavit of Compliance for Apparel-Related Procurement

Bid # 12930

Date: 3/25/14

Prime Contractor: _____

Name of Owner:	SEE ATTACHED
Company Name:	TUNLIT INT'L
Company Address:	GUANGZHOU, CHINA

Important Information

This Affidavit of Compliance for Apparel-Related Procurement (Affidavit) is the bidder's sworn statement that the facilities identified in their supply chain are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 Requirements for Apparel Purchases. This Affidavit is required for any and all purchasing activities relating to apparel – including, but not limited to, textile, footwear, manufacture, warehouse purchase, rental, laundering and dry cleaning.

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Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	LEATHER STRUCTURAL FIREFIGHTING BOOT
Brand Name(s):	FIRE-DEX LEATHER BOOT
Style Number(s):	FDX 100
Name of Owner:	WILLIAM BURKE
Company Name:	FIRE-DEX, LLC
Company Address:	780 SOUTH PROGRESS DRIVE MEDINA, OH 44256

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 9.55

If health benefits are provided, percentage of wage paid as health benefits 30 %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	LEATHER STRUCTURAL FIREFIGHTING BOOT
Brand Name(s):	FIRE-DEX LEATHER BOOT
Style Number(s):	FDX 100
Name of Owner:	TUNLIT
Company Name:	TUNLIT INTERNATIONAL CO, LTD.
Company Address:	GUANGZHOU, CHINA

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 1.75

If health benefits are provided, percentage of wage paid as health benefits 25 %



Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	LEATHER Structural Firefighting Boot
Brand Name(s):	FIRE DEX LEATHER BOOT
Style Number(s):	FOX100
Name of Owner:	SEE ATTACHED
Company Name:	W.S. DARLEY & CO.
Company Address:	325 SPRING LAKE DRIVE ITASCA IL 60143

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 13.00

If health benefits are provided, percentage of wage paid as health benefits 0 %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$

If health benefits are provided, percentage of wage paid as health benefits %



W.S. Darley and Company**Listing of Stockholders**

December 31, 2011

<u>Shareholder</u>	<u>Ownership percentage</u>
Darley, William J. (Trust 10/8/1986)	6.07%
Darley, William J.(Trust 5/20/1994)	0.13%
Darley, Frances	0.03%
Darley, Reginald C.	1.86%
Long, Patricia D.	4.85%
Darley, Stephen J.	4.97%
Darley, Peter F.	4.70%
Peter Matthew Darley	0.09%
William Darley UTMA (Peter)	0.09%
Kevin Darley UTMA (Peter)	0.09%
Mattio, Mary K.	4.97%
Darley, Thomas S.	4.97%
Darley, James E.	4.61%
Gabriel Darley UTMA (James)	0.09%
Geneva Darley UTMA (James)	0.09%
Nicole Darley UTMA (James)	0.09%
Jasmine Darley UTMA (James)	0.09%
Darley, Paul C.	4.42%
Audrey Darley Trust (Paul)	0.18%
Margaret Darley Trust (Paul)	0.18%
Sophie Darley Trust (Paul)	0.18%
Darley, Anne E.	4.97%
Darley, Jeffrey S.	9.84%
Jason Darley	0.09%
Long, John C.	4.85%
Long, James F.	4.85%
Long, Michael S.	4.85%
Long, Mary Jo	4.85%
Janecek, Patricia	4.85%
Bollaert, Regina D.	4.19%
Tharp, Deborah	2.87%
Darley, Francella	11.00%
	<u>100.00%</u>

Authorized Signature

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature:

[Handwritten Signature]

Printed Name:

JACK KISHK

Company Name:

Blue Energy LLC DBA Simple Factory

JACK KISHK, who personally came before me on this day of 03/25, 2014,

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature:

[Handwritten Signature]

Printed Name:

MIKHAIL KAGANSKY

My commission expires:

06-09-2015

KAGANSKY MIKHAIL
Notary Public, State of New York
No. 01KA5079821
Qualified in Richmond County
Commission Expires 06/09/2015



Authorized Signature

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

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Authorized Signature: _____

Thomas Darley

Printed Name: _____

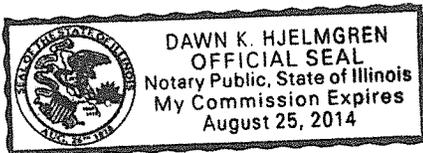
THOMAS DARLEY

Company Name: _____

W.S. DARLEY & CO.

Tom Darley, who personally came before me on this day of March, 20 14,

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



Notary Public Signature: _____

Dawn K Hjelmgren

Printed Name: _____

DAWN K Hjelmgren

My commission expires: _____

August 25, 2014

Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	LEATHER STRUCTURAL FIREFIGHTING BOOTS
Brand Name(s):	FIRE-DEX LEATHER BOOT
Style Number(s):	FDX 100
Name of Owner:	TUNLIT
Company Name:	TUNLIT INTERNATIONAL CO LTD.
Company Address:	GUANGZHOU, CHINA

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 1.75

If health benefits are provided, percentage of wage paid as health benefits 25 %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ _____

If health benefits are provided, percentage of wage paid as health benefits _____ %





Affidavit of Compliance for Apparel-Related Procurement

Bid # 12930

Date: 3/25/14

Prime Contractor: _____

Name of Owner:	SEE ATTACHED
Company Name:	FIRE-DEX, LLC
Company Address:	180 SOUTH PROGRESS DRIVE MEDINA, OH 44256

Important Information

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Style Number(s):	FDX 100
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Company Name:	FIRE-DEX, LLC
Company Address:	780 SOUTH PROGRESS DRIVE MEDINA, OH 44256

Company Role: Manufacturer Distributor Dry Cleaner Other

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Owner & Company Information (continued)

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Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ _____

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Authorized Signature

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I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: _____

Allen Rom

Printed Name: _____

ALLEN ROM

Company Name: _____

FIRE-DEX, LLC

ALLEN ROM

, who personally came before me on this day of MARCH 25, 20 14,

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____

David J. Liana

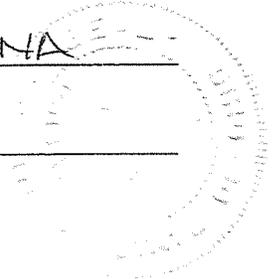
Printed Name: _____

DAVID J. LIANA

My commission expires: _____

10/29/17

DAVID J. LIANA
Notary Public, State of Ohio
Recorded in Cuyahoga County
My commission expires 10/29/17





Affidavit of Compliance for Apparel-Related Procurement

Bid # 12930

Date: 3/25/14

Prime Contractor: _____

Name of Owner:	SEE ATTACHED
Company Name:	TUNLIT INT'L
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Owner & Company Information (continued)

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I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

for and on behalf of
TUNLIT INTERNATIONAL CO., LTD.

Authorized Signature: _____

Printed Name: _____

CHARLENE HUANG - CEO

Company Name: _____

TUNLIT INTERNATIONAL CO., LTD.

Charlene Huang
Authorized Signature(s)

_____, who personally came before me on this day of _____, 20 _____,

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____

Printed Name: _____

My commission expires: _____

