



## Affidavit of Compliance for Apparel-Related Procurement

Bid # \_\_\_\_\_

Date: 3/30/16

Prime Contractor: \_\_\_\_\_

Name of Owner:	Daniel and Rosy Tsai
Company Name:	Tri-Mountain
Company Address:	4889 4th St., Irwindale CA 91706

### 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.



## Owner & Company Information

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

Item(s):	Long Sleeve Polo - Men's + Ladies
Brand Name(s):	Tri-Mountain
Style Number(s):	608 (Men's) + 602 (Ladies)
Name of Owner:	Daniel Tsai
Company Name:	Tri-Mountain
Company Address:	4889 4th St, Irwindale CA 91706

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) \$ 10.<sup>00</sup>

If health benefits are provided, percentage of wage paid as health benefits Avg 15 %

## Owner & Company Information (continued)

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

Item(s):	Short Sleeve Polo - Men's + Ladies
Brand Name(s):	Tri-Mountain
Style Number(s):	105 (Men's) + 102 (Ladies)
Name of Owner:	Daniel Tsai
Company Name:	Tri-Mountain
Company Address:	4889 4th St, Irwindale CA 91706

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) \$ 10.<sup>00</sup>

If health benefits are provided, percentage of wage paid as health benefits Avg 15 %



## 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

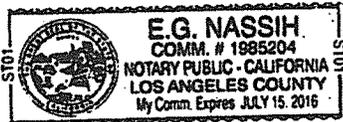
Company Name: \_\_\_\_\_

*[Handwritten Signature]*

*Amy Liu*

*Mountain Bear Corp. dba: Tri-Mountain*

Amy BAILAN LIU, who personally came before me on this day of April 4, 2016, 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: \_\_\_\_\_

*E.G. Nassih*

*E.G. NASSIH*

*July 15, 2016*



## Affidavit of Compliance for Apparel-Related Procurement

Bid # \_\_\_\_\_

Date: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Name of Owner:	STEVEN ROBINSON
Company Name:	LIBERTY UNIFORM MFG. CO., INC.
Company Address:	710 JOHN DODD ROAD, SPARTANBURG, SC 29303

### Important Information

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### Owner & Company Information

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

Item(s):	STATION WEAR JACKET AND ZIP OUT LINER
Brand Name(s):	LIBERTY
Style Number(s):	550MNV AND 597MBK
Name of Owner:	STEVE ROBINSON
Company Name:	LIBERTY UNIFORM MFG CO, INC
Company Address:	710 JOHN DODD ROAD SPARTANBURG, SC 29303

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):

\$ 12.00

Health benefits are provided (percentage of wage paid as health benefits):

17 %

### Owner & Company Information (continued)

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

Item(s):	#550MNV AND 597MBK (FD JACKET AND LINER)
Brand Name(s):	SPARTAN
Style Number(s):	#550MNV + 597MBK
Name of Owner:	STEVEN ROBINSON
Company Name:	LIBERTY UNIFORM MFG CO, INC
Company Address:	710 JOHN DODD ROAD, SPARTANBURG, SC 29303

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):

\$ 12.00

Health benefits are provided (percentage of wage paid as health benefits):

+ 17 %



## Authorized Signature

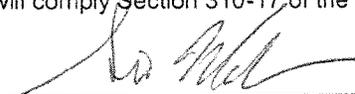
In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors 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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I/We hereby state that we will comply Section 310-17, of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: \_\_\_\_\_



Printed Name: \_\_\_\_\_

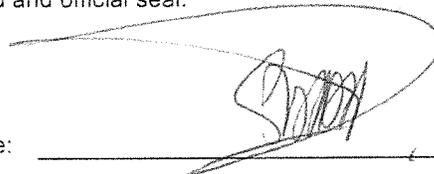
STEVEN J. ROBINSON

Company Name: \_\_\_\_\_

LIBERTY UNIFORM MFG. CO., INC

STEVEN J. ROBINSON, who personally came before me on this day of 30<sup>th</sup> March, 2016, 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: \_\_\_\_\_

THOMAS JOSEPH GHELLAMKOTTU  
Notary Public, State of New York  
No. 01CH6217908  
Qualified in Nassau County  
Commission Expires March 1, 2018

My commission expires: \_\_\_\_\_

