



Department of Business License

JACQUELINE R. HOLLOWAY

DIRECTOR

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<http://www.clarkcountynv.gov/business-license>

INCIDENTAL ACTIVITY PERMIT

DATE OF APPLICATION: _____ IAP #: _____

BUSINESS NAME: _____ LIQUOR LICENSE #: _____

IS THIS A RECURRING EVENT/ACTIVITY? Daily Weekly Biweekly Monthly

Please Specify if Other _____

DATE (S) OF EVENT From: _____ To: _____ HOURS: From: _____ To: _____

BUSINESS ADDRESS: _____

ESTIMATED ATTENDANCE: _____

DESCRIPTION OF EVENT: _____

NAME OF PERSON IN CHARGE OF EVENT: _____ PHONE #: _____

APPLICANT'S PRINTED NAME/TITLE: _____

APPLICANT'S PHONE: _____ EMAIL: _____

APPLICANT'S SIGNATURE: _____

Please attach a diagram of the premises depicting the specific location of activity in the business

Incidental Activity Permit: 8.20.020.147 (g)

Incidental activity permits are valid only for the type of activity approved by the director and printed on the permit, only for the location listed on the permit, and only valid for the ownership of the business as it is identified on the permit. Licensees may apply to change or add to the type of activity permitted at the licensed premises by completing a new application and submitting new fees. New licensees taking over upon a change of ownership of an existing business must apply for a new incidental activity permit pursuant to this section

BUSINESS LICENSE: APPROVE/DISAPPROVE DATE: _____ FEE: \$150 (Non-Refundable)

APPROVED BY: _____ COMMENTS: _____
