



APPLICATION FOR GAMING LICENSE

Date _____

TO THE LIQUOR AND GAMING LICENSING BOARD OF CLARK COUNTY:

The undersigned hereby applies for a licensure under the Nevada Legislature, approved March 19, 1931, as amended March 20, 1939, known as the Gambling Law for the type of license and games, gaming devices and/or slot machines listed herein.

NAME OF APPLICANT _____ DBA _____
BUSINESS NAME (As it should appear on the license)

BUSINESS ADDRESS (Number, Street & Zip Code) _____ BUSINESS TELEPHONE _____

MAILING ADDRESS _____

NAME & ADDRESS OF PROPERTY OWNER _____

1. Type of Organization: Corporation Partnership Individual LLC Other _____

2. If other than a Sole Proprietor, list each owner/officer and percentage applied for. If a Sole Proprietor, complete all items:

Name & Title	Address	Zip Code	Telephone	%	US Citizen	
					Yes	No

SLOTS AND LIVE GAMES

TYPE	COUNT	UNIT TAX	AMOUNT	TYPE	COUNT	UNIT TAX	AMOUNT
SLOTS		@ \$30.00		Let it Ride		@ \$150.00	
Craps		@ \$150.00		Pai Gow		@ \$150.00	
Roulette		@ \$150.00		Bingo		@ \$150.00	
"21"		@ \$150.00		Keno		@ \$150.00	
Wheel of Fortune		@ \$150.00		Race Book		@ \$150.00	
Baccarat		@ \$150.00		Sports Book		@ \$150.00	
Caribbean Stud		@ \$150.00		Poker		@ \$75.00	
				TOTAL			

TOTALS:	SLOTS \$ _____	GAMES \$ _____
Additional Filing Fee for Incorporated City Location Only	\$ _____	50.00
TOTAL AMOUNT OF LICENSE FEES SUBMITTED HEREWITH.....	\$ _____	

Type of license for number of slot machines:

Class A (1-15) Class C (More than 50)

I hereby acknowledge and promise to pay all investigation fees in an amount equal to the actual cost incurred by the County to complete the necessary investigation, and understand that this is due and payable prior to the Liquor and Gaming Licensing Board taking final action on my application.

INVESTIGATION FEES PAID: \$ _____

SIGNATURE

TYPED OR PRINTED NAME OF APPLICANT - TITLE



**CLARK COUNTY BUSINESS LICENSE DEPARTMENT
LAS VEGAS CONVENTION AUTHORITY
LAS VEGAS, NEVADA**

NAME OF APPLICANT (OPERATING ENTITY) _____ DBA _____
 BUSINESS NAME (As it should appear on the license)

BUSINESS ADDRESS (Number, Street & Zip Code) _____

MAILING ADDRESS _____

BUSINESS TELEPHONE _____

SLOT OPERATOR _____

Gaming Tax for Quarter _____ 20 _____ to _____ 20 _____

Slot Machines

Games

Total Tax

@\$ _____

@\$ _____

@\$ _____

The above schedule of games must correspond with the application for a County license. See the bottom section of this form for rate schedule. This Tax is due the last day of the preceding calendar quarter for which the license is issued.

Return this form with payment to Clark County Department of Business License.

I hereby certify that the above statement is correct.

Signed _____

CONVENTION HALL GAMING LICENSE TAX SCHEDULE

TYPE OF GAME

QUARTERLY FEE

Slot machines if 12 or less in one location, each Slot	\$ 1.00
machines if more than 12 in one location, each	2.50
Casinos having less than two games, per game	10.00
Casinos having 2 to 5 1/2 games, per game	25.00
Casinos having 6 or more games, per game	40.00

In determining the number of games, Craps, Roulette, Blackjack, Bingo Games, Race and Sports Books and Wire Betting Service, each shall be considered a full game. All other games shall be considered one-half game each at one-half of game charge.