



DEPARTMENT OF BUSINESS LICENSE
500 S. Grand Central Parkway
Las Vegas, NV 89155

Please take a few moments to fill out the work sheet and return to Desert Breeze Community Center via fax: (702) 367-1918, email: cbenson@clarkcountynv.gov, or in person to Catherine Benson, Secretary
 If you have any questions, please call: 455-8334

Event Name: _____
 Business Name: _____

Please provide the dates of the event, the name of the venue, address and phone number:
 Event Location: _____
 Event Dates: Start Date: _____ End Date: _____

Approximate number of participants each day? _____ Approximate number of spectators? _____
 Is your company a charity or a non-profit organization/business? _____ License or certificate # _____
 Are you an educational institution, a youth rodeo, a community association or a non-profit community club event? _____
 If yes, please supply any unexpired federal 501(c)(3) designation forms.

Please indicate if your are providing services or conducting the following activities:

- Sales of any kind? Yes No List the types of sales: _____
- Selling tickets or charging Admission fees? Yes No
- Issuing prizes, purses, ribbons or the like? Yes No
- Will animals be involved in your event? Yes No
- Are you hosting or sponsoring an event that is strictly a horse show? Yes No
- Is this considered a rodeo utilizing rough stock?.... Yes No

Describe your exhibitions, demonstrations or competitions. _____

- Alcoholic beverage service? Yes No
- Food Service? Yes No
- Is this a school event? Yes No
- Is this a fund raising event? Yes No

If yes, please describe the event and the name of the school: _____

Name & phone number of the representative authorized to make decisions on behalf of the company:

Name: _____

Local phone & Cell #: _____ Fax: _____

Email: _____

Your name & phone # if different than above: _____

I hereby certify and attest that the information provided in this questionnaire is true and accurate to the best of my knowledge.

Applicant

Date

<p>INTERNAL USE ONLY Requirements from the Business License Department</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
_____ Signature	_____ Date