



**DEPARTMENT OF BUSINESS LICENSE**  
 500 S. Grand Central Parkway  
 FAX: 702.386.2168

Please take a few moments to fill out the work sheet and fax to the Department of Business at 702.386.2168.

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 you 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: \_\_\_\_\_

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Please fax to Business License Office 702.386.2168

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.

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Applicant

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Date

**INTERNAL USE ONLY**  
**Requirements from the Business License Department**

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Signature

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Date