

Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR BOX 551810 LAS VEGAS, NEVADA 89155-1810 (702) 455-4252 (800) 328-4813 FAX (702) 386-2168 http://www.clarkcountynv.gov/business_license

SUPPLEMENT TO APPLICATION FOR ROCK" MUSICAL CONCERT PROMOTER LICENSE

Name of Applicant:		Date:			
Address:					
Insufficient, use a separa as each statement made in Each Applicant shall fur will be securely attached. This Supplement is subn	INSTRUCTIONS Inswer to every question. If a question does not apply to the sheet and precede each answer with the appropriate title. In the interest is subject to verification. In the herewith a 2"x2" photograph taken within one year of to the business license when issued. In the interest of the county Cou	Do not misstate or f the filing of this applicate.	omit any	material fact	
	sidence of Applicant in Clark County immediately prior to dress of each location at which you have resided during the		s license:		
Dates	ates Address				
From: To:	Street	City	State	Zip Code	
for or the business b	rporation or other entity other than Applicant have any int eing conducted? If yes, state f local managing agent:	the name, address, and na	ture of in		

5.	If Applicant is a	corporation please	amarrian tha	fallorring
.).	TI ADDIICAIL IS a	corporation blease	answer the	TOHOWINE.

a. List the name, address, and telephone number of each <u>director</u>, <u>officer</u> and <u>shareholder</u> together with the shares owned by each:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	Position/Status	<u>Shares</u>
		ion, when was it authorized to do business in th			
	_	ncorporation? Name an			
6.	6. Has Applicant or any person owning an interest In Applicant ever been convicted of any criminal offense whether misdemeanor or felony? If yes, please give details				
7.		ience Applicant has had in staging "Rock" musi ions at which Applicant was so engaged and the			der which
8.	List the sources of talent avai	ilable to Applicant:			
9.	List the names of all perform	ers' agents with whom Applicant has had agree	ements:		

	Dated:Signed:	
hat	the above Information is accurate and complete to the best of my knowledge and be1ief.	
-	(Name) (Title)	, coming
[, certify
16.	Please attach a current financial statement.	
15.	State the approximate number of persons Applicant expects to attend each concert presently being planned:	
14.	State Applicant's proposed procedures for controlling the use of drugs at its musical performances	
13.	State Applicant's proposed method of crowd control to curb riot or crowd disorder:	
12.	List the names of all bonding companies from whom Applicant has received bonds in prior promotions:	
11.	List the name, address and telephone number of the bonding company that will end Applicant should this applicate approved:	eation
10.	Describe the method of funding concerts by which Applicant will secure patrons from financial loss:	