

Department of Business License

Vincent V. Queano, Director 500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

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http://www.clarkcountynv.gov/businesslicense

DESIGNATED KEY EMPLOYEE FORM

- Fill out form completely; use black ink only; incomplete, illegible, or altered application forms will be returned.
- Requests must be made by a business owner or officer on record.
- This form is to be submitted with the key employee application packet along with:

| 0 | o A check in the amount of \$350.00 made payable to "LVMPD" | | | | | |
|--|---|-----------------------|-------------------------|---|------------------------|--|
| A check in the amount of \$45.00 made payable to "Clark County Business License" | | | | | | |
| All required documentation. | | | | | | |
| BUSINESS INFORMATION | | | | | | |
| Date: | Clark County Business License Number: | | Business Name: | | | |
| | | | | | | |
| Business Location/ Address: | | | City/ State: Zip Code: | | | |
| Dusiness Location | / Address: | | City/ State. | | Zip Code: | |
| | | | | | | |
| Business Phone Number: | | Contact Phone Number: | ontact Phone Number: Co | | Contact Email Address: | |
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| KEY EMPLOYEE INFORMATION | | | | | | |
| Definitions: | | | | | | |
| • Liquor – "Key employee" means any executive, employee, agent, officer or director of a liquor licensee having the power | | | | | | |
| to exercise a significant influence over decisions concerning any part of the operation of a liquor licensee is a key employee | | | | | | |
| • Gaming - "Key employee" means any individual having the power to exercise a significant influence over decisions | | | | | | |
| concerning any part of the operation of a gaming establishment. If other than the licensee, this individual will be empowered | | | | | | |
| to make decisions on behalf of the licensee on a twenty-four-hour-a-day basis. In the absence of the licensee, a key employee | | | | | | |
| must either be on the premises or available for immediate contact on a twenty-four-hour-per-day basis. | | | | | | |
| CERTIFICATION | | | | | | |
| This form is to certify that the below listed employee has been appointed as a key employee at the business location listed above. | | | | | | |
| Name: (First, M.I., Last) | | | Job Title: | | | |
| | | | | | | |
| | | | | | | |
| SIGNATURE (requires signature of owner, officer, authorized or legal signer) | | | | | | |
| I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing | | | | | | |
| false, misleading, or fraudulent statements on this application and supporting documentation may be grounds for denial. | | | | | | |
| | | | | • | | |
| | | | | | | |
| Signature (Officer/ Owner) | | P | Printed Name and Title | | Date | |