



CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

Each application for business license shall be accompanied by a **\$45.00 non-refundable application processing fee**
ADDITIONAL FEES APPLY BASED ON LICENSE CATEGORY.

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.
 Use **BLACK INK** only! Any incomplete, illegible or altered applications will not be accepted for processing.

A	BUSINESS INFORMATION		Fictitious Firm Name		Classification or Category			
	Business Name:		Doing Business As:		NAICS Code:			
B	BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).							
	Type of Business Ownership (Please select one)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership					
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)		Name: Last, First, MI, or Corporation/LLC		Title			
			Address Line 1		Address Line 2			
			City	State	Zip	% Owned		
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s) <i>(Attach additional pages as needed)</i>		Name: Last, First, MI, or Corporation/LLC		Title			
Address Line 1			Address Line 2					
City			State	Zip	% Owned			
C	BUSINESS BASICS and CONTACT INFORMATION							
	Business Location		Location Address Line 1		Location Address Line 2			
			City	State	Zip Code	Country		
			Email Address		Business Phone No.		Business Fax No.	
	Mailing Address <i>(If same as location, please indicate "location")</i>		Mailing Address Line 1		Mailing Address Line 2			
			City	State	Zip Code	Country		
			Authorized Contact Info		Authorized Contact Last Name		Authorized Contact First Name	
	Email address				Primary Phone		Cell Phone	
	Business Location Information		<input type="checkbox"/> Owned (If owned proceed to "Describe all business activity" at the top of the next page) <input type="checkbox"/> Leased (If leased please provide the following information for our records)					
			Lessor Name (Last, First, MI or Company Name)			Lessor Phone		
Lessor Address Line 1			Lessor Address Line 2					
City			State	Zip Code	Country			

C	Describe all Business Activity:		
	Date your business started at this location:		
	Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you purchased a business currently operating in Clark County?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you requesting a Temporary License?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION		
	Date Business Purchased:	Clark County Business License No.:	Owners Name:
		Number of Employees:	Square Footage of Premises:
	Does this business require a Professional or Occupational License issued by a State Board?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> If your answer is "Yes" please provide Name of Board:		
D	BUSINESS QUESTIONS		
	Have you registered with the Nevada Secretary of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NV Business ID (required)
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 or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.			
Signature:	Print Name:	Date:	



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

P.O. BOX 551810

LAS VEGAS, NEVADA 89155-1810

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APPLICATION FOR PERMIT

for

Rock Musical Concert

Date: _____

Business Name: _____

Business Address: _____

Name of Performing Group(s)	Name & Address of Agent(s)

Date of Concert: _____ Time: _____ To: _____

Location of Concert: _____

Estimate of number of persons expected to attend: _____ Admission Prices: _____

NOTE: The fee for this permit shall be \$400.00

Printed Name of Applicant Title

Signature

Permit # _____ TEM-T

License # _____

Application Received by

Approved by Date



Department of Business License

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SUPPLEMENT TO APPLICATION FOR ROCK" MUSICAL CONCERT PROMOTER LICENSE

Name of Applicant: _____ Date: _____

Address: _____

INSTRUCTIONS

Handprint or type an answer to every question. If a question does not apply to you so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact as each statement made herein is subject to verification.

Each Applicant shall furnish herewith a 2"x2" photograph taken within one year of the filing of this application which photograph will be securely attached to the business license when issued.

This Supplement is submitted pursuant to Section [6.65.040](#) of the Clark County Code.

1. Length of time of residence of Applicant in Clark County immediately prior to making application for this license: _____

2. Please list the full address of each location at which you have resided during the past three years:

Dates		Address			
<u>From:</u>	<u>To:</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

3. Does any person, corporation or other entity other than Applicant have any interest directly or indirectly, in the license applied for or the business being conducted? _____ If yes, state the name, address, and nature of interest of each.

4. Name and address of local managing agent: _____

5. If Applicant is a corporation please answer the following::

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

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Position/Status</u>	<u>Shares</u>

b. If a foreign corporation, when was it authorized to do business in the State of Nevada? _____

State of Incorporation: _____

c. What is the date of incorporation? _____ Name and Address of Resident Agent: _____

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. State amount of actual experience Applicant has had in staging "Rock" musical concerts, including business names under which Applicant has operated, locations at which Applicant was so engaged and the length of time of each such engagement:

8. List the sources of talent available to Applicant:

9. List the names of all performers' agents with whom Applicant has had agreements:

10. Describe the method of funding concerts by which Applicant will secure patrons from financial loss:

11. List the name, address and telephone number of the bonding company that will end Applicant should this application be approved:

12. List the names of all bonding companies from whom Applicant has received bonds in prior promotions:

13. State Applicant's proposed method of crowd control to curb riot or crowd disorder:

14. State Applicant's proposed procedures for controlling the use of drugs at its musical performances

15. State the approximate number of persons Applicant expects to attend each concert presently being planned:

16. Please attach a current financial statement.

I _____, _____, certify
(Name) (Title)

that the above Information is accurate and complete to the best of my knowledge and belief.

Dated: _____ Signed: _____