

## Department of Business License

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

BOX 551810

LAS VEGAS, NEVADA 89155-1810

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

http://www.clarkcountynv.gov/businesslicense

#### MUSIC CONCERT PROMOTER APPLICATION SUPPLEMENTAL

- Please fill out form completely; use **black** ink only; *incomplete*, *illegible*, *or altered application forms will be returned*.
- Payments can be made by cash, check, or money order made payable to: Clark County Department of Business License.
- If a question does not apply to you, please write "N/A" in the space available.
- If more space is needed, please attach additional answers to a separate sheet of paper. Include information about question being continued.
- Do not misstate or omit any material fact as each statement is subject to verification.
- A 2"x2" photograph must be provided for each applicant, whether as an individual, partnership, corporate officer, or joint venture. Photograph must have been taken within the last year for every applicant and will be affixed to the business license, if approved.

• This supplemental paperwork is submitted pursuant to Clark County Code Section 6.65.040.

BUSINESS INFO	ORMATION	inted purs	sualit to <u>Clai</u>	ik County Co	de section o.c	) <u>),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Date of Application:			Applicant Name (Business Name or First, M.I., Last):					
B				G: /G: /				7. 6.1
Business Address	<b>;:</b>			City/ State:				Zip Code:
Business Phone:				Business Ei	mail Address	<u>.</u>		
PRIOR RESIDE	NCY		_					
Length of Time of Residence in Clark County			Years: Months: E		Days:	Days:		
V 1	or to date of application?  ce: List the full address of	aach vasi	danca you h	ava maintain	ed during the	pravious thra	a waars	
1 Tevious Residen	Dates	each resu	uence you n	<u>ave mainiaini</u>	Address		e yeurs.	
From:	From: To: Street Address			City	State	Zip Code		
(month/year)	(month/year)		Street Address		City	State	Zip couc	
	ore space for residences is nee	eded, subn	nit the inform	ation on an add	ditional form or	a separate sh	eet of paper.	
OWNERSHIP IN								
	y person, corporation, or o or indirectly, in the license						t,	es 🗆 No
2) Are you, the applicant, applying as a corporation?						□ Y	es 🗆 No	
3) If a foreign corporation, when was it authorized to do business in the State of Nevada?						□ Y	es 🗆 No	
<ul><li>a. State of Incorporation:</li><li>b. Date of Incorporation:</li></ul>						State:		
						Date:	Date:	
Contact Informa	tion of Resident Agent (Co	orporatio	ons ONLY)					
Name: (First, M.I		•	,	Phone N	umber:			



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Interest Held by Other Parties			
*If you answered "Yes" to question 1	above, please include the name, address, and amo	unt of interest held by	any and all parties
	N/A" in the first line and skip to the next section.	erer ey	any and an parties
		D1	0/ 07 /
Name	Street Address (City, State, and Zip Code)	Direct or Indirect	% of Interest
If more space for additional p	parties is needed, submit the information on an addition	al form or a separate she	eet of paper.
Corporate Directors and Officers		7	V 1 1
	-1	1	C -11 4:4 4
	above, please include the name, address, phone no		i all directors and
officers . If you answered "No", write	"N/A" in the first line and skip to the next section		
Name	Street Address (City, State, and Zip Code)	Phone Number	Title/ Position
	• • • • • • • • • • • • • • • • • • • •		
If we are an acc for directors or	officers is recorded, submit the information on an addition	u al favor au a can austa al	ant of manay
	officers is needed, submit the information on an addition	nai jorm or a separaie sn	eet of paper.
Shareholders			
*If you answered "Yes" to question 2	above, please include the name, address, phone no	umber, and number of	shares of all
	write "N/A" in the first line and skip to the next see		
Name	Street Address (City, State, and Zip Code)	Phone Number	Number of Shares
Name	Street Address (City, State, and Zip Code)	r none Number	Number of Shares
If more space for sharehold	ders is needed, submit the information on an additional	form or a separate sheet	of paper.
OWNERSHIP BACKGROUND			
	vning an interest, ever been convicted of any cri	minal offense	
	☐ Yes* ☐ No		
misdemeanor or felony?			
*If yes, please detail:			
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EVENT EXPERIENCE AND INFORMATION								
State amount of actual	experience A	pplicant has	had in staging music concerts, including	Years:	Months.	Days:		
any and all business names under which applicant has operated, location, and length of								
time of each event/ eng	agement.	T						
		Previous Bus	iness Name:					
Additional Business Names:		Previous Business Name:						
		Previous Business Name:						
If more space for	previous busine	ess names is nee	ded, submit the information on an additional form	or a separate	sheet of p	aper.		
	From:	To:	Street Address					
Event Name	MM/YYYY	MM/YYYY	Street Address	City	State	Zip Code		
TC C	11: 1	<u> </u>			1			
List the sources of tale			ded, submit the information on an additional form	or a separate	sheet of p	aper.		
List the sources of tale.	iit avaiiabie t	o the Applical	и.					
List the name(s) of all	nerformers' 2	gents with wl	nom Applicant has had agreements:					
Describe the method of funding concerts by which Application will secure patrons from financial loss:								



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BOND INFORMATION		пц	.// www.ciaireountyiiv.ge	JV/ Bushiessheense		
	Company N	lame:				
List the name, address and telephone						
number of the bonding company that will	Full Addres	ss (incl. City, State, Zip Code):				
end Applicant should this application be						
approved:	DI N	T				
	Phone Num	ber:				
List the names of all bonding companies from	whom Appli	cant has received bonds in prio	r promotions:			
Bonding Company Name		ess (City, State, and Zip Code)		mber		
V						
If more space for bond companies is need	ded, submit the	information on an additional form o	r a separate sheet of pap	ver.		
SAFETY AND SECURITY PLAN State Applicant's proposed method of crowd of						
State Applicant's proposed procedures for controlling the use of illicit or illegal substances at the performance:						
State the approximate number of persons Appresently being planned:	, ,	Jumber of Expected Attendees:				
Have you attached or included a current financial statement with this application?						
SIGNATURES (requires signatures 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 or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.						
Annlicant's Signatura		Annlicant's Printed No.	me and Title	Data		



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