

Department of Business License

Vincent V. Queano, Director

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		http://www.clarkcounty	Fax: (702) 386-2168	
SPECIAL EVENTS SECU	RITY AND SAFETY PLAN	1.1.1	0 .	
	k ink only; <i>incomplete</i> , <i>illegible</i> , <i>or alte</i>			
• Payments can be made by cash, check,	r money order made payable to: Clark (County Department of I		
	d information, attach additional sheets a	is necessary.		
SITE PLAN INFORMATION Date of Application: Event Name:		Event Start Date(s):	Event End Date(s):	
		L'ent Suit Dute(s).	L'ent Enu Dute(5).	
Location/ Address of Event (Include Suite Number):	City/ State:	Zip Code:		
	eng, suite	Zip coue.		
Point of Contact Name:	Point of Contact Phone	Number		
Four of Contact Found.		i vuinoer.		
Use space provided below to illustrate the layout of the ev	t If additional space is needed, attach a service	arate sheet		
Site plans <i>must</i> include the following:				
• Location of food vendors (FV)		 Location of garbage receptacles (G) and recycling receptacles (R) Show walk, run, and bike routes <i>(if athletic event)</i> 		
• Location of beverage vendors both non-alcoholic (NA	• Location and num	• Location and number of Type III Barricades (III)		
beverages (AB) along with number of serving stationsLocation of toilets (T)	Location of fire la	ane (FL)		
 Location of hand washing sinks (HWS)` 		Location of fire extinguishers (FE)Public entrances and exits		
 Location of retail merchants (RM) Location of First Aid (+) 	Location of sound	 Location of sound stages and amplified sound 		
Site Plan Rendering	Location of reside	ential streets surrounding	event	

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.

Print Name and Title