

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

SPECIAL EVENTS APPLICATION - VENDOR LIST 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.
- Include all food vendors, beverage vendors, retail merchants, etc.
- If more space is needed for any requested information, attach additional sheets as necessary.

EVENT INFORMATION								
Event Name:				Date of Event:				
	1 9			<u>a</u> . (a)				
Location/ Address of Event (Include Suite Number):				City/ State:			Zip Code:	
Event Start Date:	Event End	l Date:	Hours (Star	rt Time):		Нош	rs (End Time):	
Event Start Date.	Event Ent	i Date.	nours (Stur	Surs (Start Time).		Hours (Ena Time).		
VENDOR INFORMATION								
Vendor #1								
Vendor Name:			Service Provided:					
Contact Person:		Contact Phone Number:		Email Address:		iress:		
Vendor #2								
Vendor #2 Vendor Name:			Service Provided:					
venuor realice.			Service 110	viucu.	1.			
Contact Person:		Contact Phone Number:			Email Add	lress:		
Vendor #3								
Vendor Name:			Service Provided:					
Contrast Discourse Constant Discourse North		r: Email Address:						
Contact Person:		Contact Phone Number:		Eman Address:				
Vendor #4								
Vendor Name:			Service Provided:					
Contact Person:		Contact Phone Number:		Email Address:		lress:		
Vendor #5								
Vendor Name:			Service Provided:					
TUIUUI IVAIIIC.			Struct Hoving.					
Contact Person:		Contact Phone Number:			Email Add	lress:		
Vendor #6								
Vendor Name:		Service Provid		ided:				
Contact Person: Contact Phone		Contact Phone Numb	er: Email Address:					
Contact I CI SUII.		Contact Phone Number:		Eman Audres		11 055:		



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SPECIAL EVENTS APPLICATION - VENDOR LIST SUPPLEMENTAL								
VENDOR INFORMATION (continued)								
Vendor #7								
Vendor Name:		Service Provided:						
Contact Person:	Contact Phone Numb	ber:	Email Address:					
Vendor #8								
Vendor Name:		Service Provided:						
Contact Person:	Contact Phone Numl	ber:	Email Address:					
Vendor #9								
Vendor Name:			Service Provided:					
Contact Person:	Contact Phone Numl	ber:	Email Address:					
Vendor #10								
Vendor Name:		Service Provided:						
Contact Person:	Contact Phone Numb	ber:	Email Address:					
Vendor #11			L					
Vendor Name:		Service Provided:						
Contact Person:	Contact Phone Number:		Email Address:					
Vendor #12								
'endor Name:		Service Provided:						
Contact Person:	Contact Phone Number:		Email Address:					
Vendor #13	•							
Vendor Name:		Service Provided:						
Contact Person:	Contact Phone Numb	ber:	Email Address:					
Vendor #14	<u> </u>		1					
Vendor Name:		Service Provided:						
Contact Person:	Contact Phone Number:		Email Address:					