

# Clark County Parks & Recreation Facility and Park Reservation Request Form

Event Name: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_ Organization Main #: \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
 National or State Affiliation Parent Organization: \_\_\_\_\_  
 Total # of Teams Using County Fields: \_\_\_\_\_ Total # of Participants: \_\_\_\_\_  
 Average Number of Participants per day \_\_\_\_\_

Please indicate if any of the following are planned as a part of your reservation:

Sales of any kind \_\_\_\_\_ Ticket sales or admission fees \_\_\_\_\_ Fundraising \_\_\_\_\_ Alcoholic beverage service \_\_\_\_\_  
 Food service or concession stand \_\_\_\_\_

Site/Park Name	Location <small>(Address / Cross-Streets)</small>	Room #/Area	Day(s)	Time	Date(s)
<b>Sample:</b> <i>Sunset/Sunset Park</i>	<i>2601E.Sunset / Eastern &amp; Sunset</i>	<i>Area A</i>	<i>Saturday</i>	<i>1pm-8:30pm</i>	<i>1/31/15</i>

**Special Dates** (No Reservations on Holidays)

**Special Notes:**

**Attach additional sheets as needed**

Clark County is required to verify that organizations requiring a Business License or Charitable Registration are in accordance with Clark County Code Chapter 6 are in good standing with the Department of Business License. Please note that permits will not be issued until all information has been received and verified by the Department of Business License which may result in being unable to accommodate your initial request. To expedite, please submit copies of the following documentation with your request for reservation:

- IRS 501C (if requesting the Community Rate)
- State of NV Incorporation Status
- Clark County Charitable Registration (if requesting the Community Rate)
- Clark County Business License if applicable
- Documentation of Affiliation with State or National Parent Organization if applicable (Listed on Form)
- A Certificate of Insurance listing Clark County NV as additionally insured (\$1 million per occurrence, \$2 million aggregate) will be required prior to the issuance of rental permit(s).

Please return completed packet via email to [swrr@clarkcountynv.gov](mailto:swrr@clarkcountynv.gov) or mail to:  
 Clark County Parks & Recreation: Reservation Coordinator  
 8275 Spring Mountain Road  
 Las Vegas, 89117

<b>For Office Use Only:</b>	Business License Approval Date: _____	Commercial or Non Profit	Representative & Title: _____
	Parks & Recreation Approval Date: _____		Representative & Title: _____



**DEPARTMENT OF BUSINESS LICENSE**  
**500 S. Grand Central Parkway**  
**Las Vegas, NV 89155**

Please take a few moments to fill out the work sheet and return to Desert Breeze Community Center  
 via fax: (702) 367-1918, email: [swrr@clarkcountynv.gov](mailto:swrr@clarkcountynv.gov), or in person to Catherine Benson, Secretary  
 If you have any questions, please call: 455-8334

Event Name: _____
Business Name: _____

Please provide the dates of the event, the name of the venue, address and phone number:	
Event Location: _____	
Event Dates: Start Date: _____	End Date: _____

Approximate number of participants each day? \_\_\_\_\_ Approximate number of spectators? \_\_\_\_\_

Is your company a charity or a non-profit organization/business? \_\_\_\_\_ License or certificate # \_\_\_\_\_

Are you an educational institution, a youth rodeo, a community association or a non-profit community club event? \_\_\_\_\_

If yes, please supply any unexpired federal 501(c)(3) designation forms.

Please indicate if your are providing services or conducting the following activities:

- |  |                              |                             |                                |
|--|------------------------------|-----------------------------|--------------------------------|
| Sales of any kind? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | List the types of sales: _____ |
|  |                              |                             | _____                          |
|  |                              |                             | _____                          |
| Selling tickets or charging Admission fees? .....                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                |
| Issuing prizes, purses, ribbons or the like? .....                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                |
| Will animals be involved in your event? .....                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                |
| Are you hosting or sponsoring an event that is<br>strictly a horse show? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                |
| Is this considered a rodeo utilizing rough stock?....                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                |

Describe your exhibitions, demonstrations or competitions. \_\_\_\_\_

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| Alcoholic beverage service? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food Service? .....                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this a school event? .....       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this a fund raising event? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please describe the event and the name of the school: \_\_\_\_\_  
\_\_\_\_\_

Name & phone number of the representative authorized to make decisions on behalf of the company:

Name: \_\_\_\_\_

Local phone & Cell #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Your name & phone # if different than above: \_\_\_\_\_

I hereby certify and attest that the information provided in this questionnaire is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

<p>INTERNAL USE ONLY Requirements from the Business License Department</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
_____ Signature	_____ Date