



CITY OF BOULDER CITY
APPLICATION FOR SPECIAL EVENT BUSINESS LICENSE

401 California Ave. Boulder City NV 89005
Phone 702-293-9219 Fax 702-293-9411

www.bcnv.org
licensing@bcnv.org

TODAY'S DATE: _____

EVENT DATE(S): _____

EVENT NAME: _____

EVENT LOCATION: _____

DESCRIPTION OF EVENT:

Special Event license fee: \$25.00 Will there be Vendors participating? Yes No If yes, how many? _____

Vendor fees: \$10.00 per vendor per day

***You are required to supply a vendor list with this application.
We will accept any list you have already created or you may complete the reverse side of this application.***

BUSINESS NAME (DBA): _____ **BUSINESS PHONE:** _____

CORPORATE NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

EVENT COORDINATOR:

NAME: _____ PHONE: _____

EMAIL: _____

EVENT COORDINATOR RESPONSIBILITIES

Sales tax will be reported to the NV Department of Taxation for all vendors/concessionaires.	Initial	_____
SNHD regulations will be complied with for each vendor/concessionaire selling food and/or beverage.	Initial	_____
Vendor fees and vendor list will be supplied to the business license office by the event date.	Initial	_____

I/We do hereby declare that all requirements have been complied with. I/We do hereby declare that all statements contained in this application are true and correct to the best of my knowledge, and that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a city license. Should this application be granted, I/We will accept such license subject to the terms and provisions of the ordinance under which granted.

Signature of applicant: _____

Date: _____

OFFICE USE ONLY

Vendor fees	\$	_____
LICENSE FEE	\$	_____
Total fees due	\$	_____

Bus Id: _____ Comments: _____

Received by: _____ Date: _____

Vendor information

Special Category vendors must be licensed separately.

These include but are not limited to: Traveling Amusement shows, Flea Markets or Swap Meets, Auctioneers, Peddlers and Transient vendors.

VENDORS (Attach separate sheets if necessary):

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____