



CITY OF BOULDER CITY
SPECIAL EVENT BUSINESS LICENSE APPLICATION

401 California Ave. Boulder City NV 89005
Mailing address: PO Box 61350 Boulder City NV 89006
Phone 702-293-9219 Fax 702-293-9411

TODAY'S DATE: _____

EVENT NAME: _____ EVENT DATE(S): _____

Do you have a current local business license in the State of Nevada? [] Yes [] No If yes, please provide a copy and skip requirements 1 and 2.

THE FOLLOWING IS REQUIRED BEFORE A LICENSE WILL BE ISSUED:

- 1. NV sales tax permit: [] Permit attached [] Exempt letter attached
2. NV business license: [] License attached [] Exempt letter attached [] I qualify under NRS 360.765 as an exempt entity.
3. Health Permit [] Permit attached [] No food/beverage sales
4. Special Event license fee of \$25.00.

An additional fee of \$10.00 per day per vendor along with a completed vendor list (see reverse) must be submitted to the Business License office 5 days prior to the event.

BUSINESS NAME (DBA): _____ BUSINESS PHONE: _____

CORPORATION NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

TYPE OF BUSINESS: [] WHOLESALE [] RETAIL [] SERVICE [] OTHER

DETAILED DESCRIPTION OF BUSINESS (attach sheet if necessary):

BUSINESS OWNERS:

(If Corporation or LLC attach a current list of officers)

NAME: _____ PHONE: _____ OFFICIAL TITLE/POSITION: _____

ADDRESS: _____

NAME: _____ PHONE: _____ OFFICIAL TITLE/POSITION: _____

ADDRESS: _____

NAME: _____ PHONE: _____ OFFICIAL TITLE/POSITION: _____

ADDRESS: _____

EVENT COORDINATOR:

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP

EVENT COORDINATOR RESPONSIBILITIES

Sales tax will be reported to the NV Department of Taxation for all vendors/concessionaires.
SNHD regulations will be complied with for each vendor/concessionaire selling food and/or beverage.

Initial _____
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

LICENSE FEE \$ _____
NV BUSINESS LICENSE FEE (IF APPLICABLE) \$1.25 PER DAY X _____ DAYS \$ _____
Total fees due \$ _____

License # _____ Date: _____ Clerk: _____

VENDOR INFORMATION TO BE PROVIDED TO THE BUSINESS LICENSE OFFICE 5 DAYS PRIOR TO EVENT: Attach separate sheets if necessary
*SPECIAL CATEGORY VENDORS MUST BE LICENSED SEPERATELY. THESE INCLUDE BUT ARE NOT LIMITED TO; TRAVELING AMUSEMENT SHOWS,
FLEA MARKETS OR SWAP MEETS, AUCTIONEERS, PEDDLERS AND TRANSIENT VENDORS.*

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

NV STATE BUSINESS LICENSE (information required): LICENSED EXEMPT NOT LICENSED

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

NV STATE BUSINESS LICENSE (information required): LICENSED EXEMPT NOT LICENSED

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