



**CITY OF BOULDER CITY  
LIQUOR LICENSE SPECIAL EVENT APPLICATION**

401 California Ave. Boulder City NV 89005  
Phone 702-293-9240 Fax 702-293-9411  
[www.bcnv.org](http://www.bcnv.org)  
[licensing@bcnv.org](mailto:licensing@bcnv.org)

<b>OFFICE USE</b>
Date received:
Staff review:
Payment received: <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:

<b>BUSINESS INFORMATION</b>			
BUSINESS NAME:	ENTITY TYPE: : <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
DBA:	BUSINESS PHONE:	BUSINESS EMAIL:	
CURRENT BUSINESS LOCATION:	CITY:	STATE:	ZIP:

<b>APPLICANT INFORMATION: (must be an owner)</b>		
APPLICANT'S NAME:	PHONE:	ARE YOU 21 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS:	CITY:	STATE: ZIP:

<b>THIS LICENSE IS IN CONJUNCTION WITH THE FOLLOWING SPECIAL EVENT:</b>	
EVENT NAME:	EVENT DATES:
EVENT LOCATION: (if event is being held on private property, a letter of authorization must be provided from the property owner)	SPECIAL EVENT BUSINESS LICENSE #:
DESCRIPTION OF EVENT:	

**REQUIRED**  
**TAM cards: NRS 369.600 – Alcoholic Beverage Awareness Programs**  
 For further information, please contact the Nevada Department of Taxation at 702-486-7330 or [kdwuest@cpe.state.nv.us](mailto:kdwuest@cpe.state.nv.us).  
 Web address: [www.cpe.state.nv.us](http://www.cpe.state.nv.us).

<b>LICENSE CLASSIFICATION AND FEES:</b> (Check which one you are applying for)	
<input type="checkbox"/> Class "G" SPECIAL EVENT LICENSE <b>\$25.00 per day</b> <i>(All alcoholic beverages)</i>	<input type="checkbox"/> Class "G-1" SPECIAL EVENT LICENSE <b>\$15.00 per day</b> <i>(Beer, Wine, Wine Coolers)</i>

<b>AFFIDAVIT</b>
Have you or any of the persons reflected as officer of the organization, ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", attach a list of the individuals who have been so convicted and give complete details including name of arresting agency, date of conviction, age, charge, court and location, and disposition.

I do hereby certify that I understand and will abide by the BOULDER CITY, NEVADA LIQUOR CONTROL ACT and any amendments thereto; and, further certify that if this application is approved and a license issued, it will be accepted by me subject to the terms and provisions of the LIQUOR CONTROL ACT, and such other rules and regulations as may at any time hereafter be adopted or enacted by resolution or ordinance of the City Council of Boulder City, Nevada.  
 I further acknowledge the power and authority of the License Board, or other authorized representative of the City, to enter any store, building or any other place in which such special event is being conducted at any time for the purpose of protecting the public peace, safety and welfare.  
 I further acknowledge that this application, together with supplemental information, is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of this license.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

Application <input type="checkbox"/> approved <input type="checkbox"/> rejected this _____ day of _____, 20_____, subject to the following restrictions: _____ _____
Bus Acct ID _____ Date Issued _____ License Officer _____