



Department of Business License

Vincent V. Queano, Director

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<http://www.clarkcountynv.gov/businesslicense>

CARNIVAL PERMIT APPLICATION

- 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.

BUSINESS INFORMATION

Entity/ Business Name:

Business Phone Number:

Alternate Contact Phone Number:

Business Email Address:

BUSINESS LOCATION AND CONTACT INFORMATION

Business/ Mailing Address

Business Address:

City/ State:

Zip Code

Country:

Check here if Mailing Address is the same as the Business Address. If different, please provide current mailing address on next line.

Mailing Address:

City/ State:

Zip Code

Country:

Corporation Name/ Address (if applicable):

City/ State:

Zip Code

Country:

Contact Information

Contact Name/ Person in Charge: (First, M.I., Last)

Email Address:

Primary Phone:

Alternate Phone:

CARNIVAL PERMIT CALENDAR

Location of Carnival (Street Address, City, State, Zip Code):

Carnival Start Date:

Carnival End Date:

Use one application per location. Carnival Events with multiple event locations will require multiple permit applications.

ADDITIONAL INFORMATION

Have you attached a copy of the most recent maintenance records for rides and/or attractions?

Yes

No

SIGNATURES (requires signatures of owner, officer, authorized or legal signer)

I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing false, misleading or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.

Applicant's Signature

Print Name and Title

Date

FOR OFFICIAL USE ONLY

Parks and Recreation	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> N/A	Reviewed by:		Date:	
Zoning	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> N/A	Reviewed by:		Date:	
Business License Staff	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove		Reviewed by:		Date:	
CCBL Director	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove		Signed:		Date:	