



Department of Business License

Vincent V. Queano, Director

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

Toll Free: (800) 328-4813

Fax: (702) 386-2168

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

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MUSIC CONCERT PROMOTER APPLICATION SUPPLEMENTAL

- 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.
- If a question does not apply to you, please write "N/A" in the space available.
- If more space is needed, please attach additional answers to a separate sheet of paper. Include information about question being continued.
- Do not misstate or omit any material fact as each statement is subject to verification.
- A 2"x2" photograph must be provided for each applicant, whether as an individual, partnership, corporate officer, or joint venture. Photograph must have been taken within the last year for every applicant and will be affixed to the business license, if approved.
- This supplemental paperwork is submitted pursuant to [Clark County Code Section 6.65.040](#).

BUSINESS INFORMATION

Date of Application:		Applicant Name (<i>Business Name or First, M.I., Last</i>):			
Business Address:			City/ State:		Zip Code:
Business Phone:			Business Email Address:		

PRIOR RESIDENCY

Length of Time of Residence in Clark County immediately prior to date of application?	<i>Years:</i>	<i>Months:</i>	<i>Days:</i>
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Previous Residence: *List the full address of each residence you have maintained during the previous three years.*

Dates		Address			
From: <i>(month/ year)</i>	To: <i>(month/ year)</i>	Street Address	City	State	Zip Code

If more space for residences is needed, submit the information on an additional form or a separate sheet of paper.

OWNERSHIP INFORMATION

1) Does any person, corporation, or other entity (not including the applicant) have any interest, directly or indirectly, in the license applied for or the business being conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are you, the applicant, applying as a corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) If a foreign corporation, when was it authorized to do business in the State of Nevada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. State of Incorporation:	State:
b. Date of Incorporation:	Date:

Contact Information of Resident Agent (Corporations ONLY)

Name: (<i>First, M.I., Last</i>)	Phone Number:
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Interest Held by Other Parties

*If you answered "Yes" to question 1 above, please include the name, address, and amount of interest held by any and all parties below. If you answered "No", write "N/A" in the first line and skip to the next section.

Name	Street Address (City, State, and Zip Code)	Direct or Indirect	% of Interest

If more space for additional parties is needed, submit the information on an additional form or a separate sheet of paper.

Corporate Directors and Officers

*If you answered "Yes" to question 2 above, please include the name, address, phone number, title/ position of all directors and officers . If you answered "No", write "N/A" in the first line and skip to the next section.

Name	Street Address (City, State, and Zip Code)	Phone Number	Title/ Position

If more space for directors or officers is needed, submit the information on an additional form or a separate sheet of paper.

Shareholders

*If you answered "Yes" to question 2 above, please include the name, address, phone number, and number of shares of all stockholders. If you answered "No", write "N/A" in the first line and skip to the next section.

Name	Street Address (City, State, and Zip Code)	Phone Number	Number of Shares

If more space for shareholders is needed, submit the information on an additional form or a separate sheet of paper.

OWNERSHIP BACKGROUND

Has the applicant, or any person owning an interest, ever been convicted of any criminal offense, misdemeanor or felony? Yes* No

*If yes, please detail:



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EVENT EXPERIENCE AND INFORMATION

State amount of actual experience Applicant has had in staging music concerts, including any and all business names under which applicant has operated, location, and length of time of each event/ engagement.	<i>Years:</i>	<i>Months:</i>	<i>Days:</i>
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Additional Business Names:	<i>Previous Business Name:</i>
	<i>Previous Business Name:</i>
	<i>Previous Business Name:</i>

If more space for previous business names is needed, submit the information on an additional form or a separate sheet of paper.

Event Name	From: <i>MM/YYYY</i>	To: <i>MM/YYYY</i>	Street Address	City	State	Zip Code

If more space for additional performances is needed, submit the information on an additional form or a separate sheet of paper.

List the sources of talent available to the Applicant:

List the name(s) of all performers' agents with whom Applicant has had agreements:

Describe the method of funding concerts by which Application will secure patrons from financial loss:



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