



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>

SPECIAL EVENTS SECURITY AND SAFETY PLAN

- 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 more space is needed for any requested information, attach additional sheets as necessary.

EVENT INFORMATION			
Event Name:		Date of Event:	
Location/ Address of Event (Include Suite Number):		City/ State:	Zip Code:
Event Start Date(s):	Event End Date(s):	Hours (Start Time):	Hours (End Time):
Contact Information			
Applicant Name:		Contact Phone Number:	
Email Address:			
Event Contact Name/ On-site Person in Charge:		Contact Phone Number:	
Email Address:			
OUTSIDE AGENCY INFORMATION			
Security Company Information			
Name of Private Security Company (If applicable):			
Business Address:		City/ State:	Zip Code:
Business Phone Number:		Number of Private Security Personnel Hired Per Shift:	
Special Event Emergency Medical Provider Information			
Name of Special Event Emergency Medical Provider Company (If applicable):			
Business Address:		City/ State:	Zip Code:
Business Phone Number:		Number of Special Event Emergency Medical Provider Personnel Hired Per Shift:	
Other Related Information			
List any other agencies or vendors providing safety or site related services (toilets, portable toilets, garbage receptacles, barricades, etc.)			
Agency/ Vendor #1:		Service Provided:	
Agency/ Vendor #2:		Service Provided:	
Agency/ Vendor #3:		Service Provided:	



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SAFETY PLAN INFORMATION

Describe procedure for ensuring those with access to alcohol are age 21 or older (if applicable):

Describe procedure for preventing over-consumption of alcohol (if applicable):

Describe a Disaster Plan that addresses emergencies specific to this event; include a plan for weather-related emergencies and cancellations:



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SITE PLAN INFORMATION

Use space provided below to illustrate the layout of the event. If additional space is needed, attach a separate sheet.

Site plans *must* include the following:

- Location of food vendors (FV)
- Location of beverage vendors both non-alcoholic (NAB) and alcoholic beverages (AB) along with number of serving stations at each location
- Location of toilets (T)
- Location of hand washing sinks (HWS)
- Location of retail merchants (RM)
- Location of First Aid (+)
- Location of garbage receptacles (G) and recycling receptacles (R)
- Show walk, run, and bike routes (*if athletic event*)
- Location and number of Type III Barricades (III)
- Location of fire lane (FL)
- Location of fire extinguishers (FE)
- Public entrances and exits
- Location of sound stages and amplified sound
- Location of residential streets surrounding event

Site Plan Rendering

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.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Name and Title	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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