



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 APPLICATION - VENDOR LIST 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.
- Include all food vendors, beverage vendors, retail merchants, etc.
- 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:	Event End Date:	Hours (Start Time):	Hours (End Time):

VENDOR INFORMATION

Vendor #1			
Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	
Vendor #2			
Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	
Vendor #3			
Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	
Vendor #4			
Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	
Vendor #5			
Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	
Vendor #6			
Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	



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VENDOR INFORMATION (continued)

Vendor #7

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	

Vendor #8

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	

Vendor #9

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	

Vendor #10

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	

Vendor #11

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	

Vendor #12

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	

Vendor #13

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	

Vendor #14

Vendor Name:		Service Provided:	
Contact Person:	Contact Phone Number:	Email Address:	