



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>

MULTIPLE VENDOR ARENA SALE PERMIT APPLICATION CHECKLIST

APPLICATION PACKET (Please provide copies of all documents upon submission)

Please ensure you have completed the following basic requirements prior to submitting your application for a business license. These are the standard requirements for most of our general licensing categories. Certain licensing categories may have additional requirements not listed below. If additional information is required to complete your application, a business licensing technician will reach out to you directly. Applications should be submitted within thirty (30) days of opening; all construction and tenant improvements must be complete. Incomplete applications will be terminated or returned.

- **“AM I IN CLARK COUNTY?”/ DETERMINE JURISDICTION AND LAND USE:**
To confirm if the business address is located within the jurisdiction of unincorporated Clark County, the type of business activities permitted by zoning district, and for information regarding online land use application submittals.
 - **Comprehensive Planning Contact Information:** Website: <https://www.clarkcountynv.gov/comprehensive-planning/Pages/forms.aspx>; Email: zoning@clarkcountynv.gov; Telephone: 702-455-4314
- **NEVADA STATE BUSINESS LICENSE/ REGISTER WITH THE NEVADA SECRETARY OF STATE:**
State law requires all businesses, corporations, and partnerships operating in the State of Nevada to have a State Business License. All corporations, limited liability companies, partnerships, sole proprietorships, etc. are required to register their entities. Please visit the [Nevada Secretary of State’s](#) website for more information. You may also apply online at nvsilverflume.gov,
 - **Secretary of State Contact Information:** Website: <https://www.nvsos.gov/sos>; Telephone: 702-455-4314; Location: inside North Las Vegas City Hall, 2250 N. Las Vegas Blvd., Suite 400, North Las Vegas, NV 89030
- **REGISTER WITH THE NEVADA DEPARTMENT OF TAXATION:**
You can now register online by visiting the [Nevada Department of Taxation](#) website or apply online at nvsilverflume.gov.
 - **Nevada Department of Taxation Contact Information:** Website: <https://tax.nv.gov/>; Telephone: 702-486-2300, Location: 700 E. Warm Springs Rd., 2nd Floor, Las Vegas, NV 89119
- **(If applicable) REGISTER YOUR BUSINESS NAME (DBA):**
Businesses operating under a fictitious firm/doing business as (any name other than the business owner’s legal name or the entity name registered with the Nevada Secretary of State) must file for a Fictitious Firm Name certificate with the [Clark County Clerk’s](#) office. The filing must reflect the Entity Type listed with the Secretary of State.
 - *Note: A Fictitious Firm Name (DBA) is the name your business will use when advertising, including on storefronts, business cards, websites, etc. Advertising under more than one name will require multiple business licenses.*
 - Example: John Doe dba “Handy Janitorial” (Sole Proprietor), ABC LLC dba “ABC” (Limited Liability Company), 123 Inc. dba “The Rock Star Group” (Corporation)
- **Clark County Clerk’s Contact Information:** Telephone: 702-455-4431;
Website: https://www.clarkcountynv.gov/government/elected_officials/county_clerk/location_and_hours.php.
- **PROOF OF PHYSICAL LOCATION REQUIRED:**
At time of application, you must provide proof of right to the business location. Physical locations are required for all applications; *mailboxes or P.O. Boxes are not accepted.* Complete the Landlord/Lessor information section on Clark County Business License Application, if applicable.
- **COMPLETE THE CLARK COUNTY BUSINESS LICENSE APPLICATION:**
 - Online application portal <https://blepay.clarkcountynv.gov/NAICSDefault.aspx>. Online applications are exempt from additional documents; however we may request via e-mail for professional license or certifications.
 - Include:
 - Special Events Security and Safety Plan Supplemental (included in packet)
 - Vendor List Supplemental (included in packet)
- **PAY APPLICABLE FEES:**
Fees in the amount of \$45.00 one-time **non-refundable** application fee. Prior to being granted a license the following will be due, the applicable annual business license fee for the licensing category. Business license fees are based upon described services and business activities. If providing more than one service, or conducting more than one activity, multiple licenses may be required. *In order to determine the type of license, business license fee and NAICS Code, visit:*
https://www.clarkcountynv.gov/business/doing_business_with_clark_county/business_license_fees.php



CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

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Each application for business license shall be accompanied by a **\$45.00 non-refundable application processing fee**
ADDITIONAL FEES APPLY BASED ON LICENSE CATEGORY.

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.
 Use **BLACK INK** only! Any incomplete, illegible or altered applications will not be accepted for processing.

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A	BUSINESS INFORMATION		Fictitious Firm Name		Classification or Category	
	Business Name:		Doing Business As:		NAICS Code:	
BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).						
B	Type of Business Ownership (Please select one)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership			
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)		Name: Last, First, MI, or Corporation/LLC		Title	
			Address Line 1		Address Line 2	
			City	State	Zip	% Owned
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s) <i>(Attach additional pages as needed)</i>		Name: Last, First, MI, or Corporation/LLC		Title	
			Address Line 1		Address Line 2	
City			State	Zip	% Owned	
BUSINESS BASICS and CONTACT INFORMATION						
C	Business Location		Location Address Line 1		Location Address Line 2	
			City	State	Zip Code	Country
			Email Address		Business Phone No.	Business Fax No.
	Mailing Address <i>(If same as location, please indicate "location")</i>		Mailing Address Line 1		Mailing Address Line 2	
			City	State	Zip Code	Country
			Authorized Contact Info		Authorized Contact Last Name	Authorized Contact First Name
		Email address	Primary Phone	Cell Phone		
Business Location Information		<input type="checkbox"/> Owned (If owned proceed to " Describe all business activity " at the top of the next page) <input type="checkbox"/> Leased (If leased please provide the following information for our records)				
		Lessor Name (Last, First, MI or Company Name)			Lessor Phone	
		Lessor Address Line 1		Lessor Address Line 2		
		City	State	Zip Code	Country	

C	Describe all Business Activity:		
	Date your business started at this location:		
	Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you purchased a business currently operating in Clark County? Are you requesting a Temporary License?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION		
	Date Business Purchased:	Clark County Business License No.:	Owners Name:
		Number of Employees:	Square Footage of Premises:
	Does this business require a Professional or Occupational License issued by a State Board?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> If your answer is "Yes" please provide Name of Board:		
	BUSINESS QUESTIONS		
D	Have you registered with the Nevada Secretary of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NV Business ID (required)
	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.		
	Signature:	Print Name:	Date:



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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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SPECIAL EVENTS SECURITY AND SAFETY PLAN

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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SPECIAL EVENTS SECURITY AND SAFETY PLAN

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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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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SPECIAL EVENTS APPLICATION - VENDOR LIST SUPPLEMENTAL

VENDOR INFORMATION (continued)

Vendor #7

Vendor Name:		Service Provided:	
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Contact Person:	Contact Phone Number:	Email Address:	
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Vendor #8

Vendor Name:		Service Provided:	
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Contact Person:	Contact Phone Number:	Email Address:	
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Vendor #9

Vendor Name:		Service Provided:	
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Contact Person:	Contact Phone Number:	Email Address:	
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Vendor #10

Vendor Name:		Service Provided:	
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Contact Person:	Contact Phone Number:	Email Address:	
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Vendor #11

Vendor Name:		Service Provided:	
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Contact Person:	Contact Phone Number:	Email Address:	
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Vendor #12

Vendor Name:		Service Provided:	
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Contact Person:	Contact Phone Number:	Email Address:	
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Vendor #13

Vendor Name:		Service Provided:	
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Contact Person:	Contact Phone Number:	Email Address:	
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Vendor #14

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