



**CITY OF BOULDER CITY  
APPLICATION FOR SPECIAL EVENT BUSINESS LICENSE**

401 California Ave. Boulder City NV 89005  
Phone 702-293-9219 Fax 702-844-8509  
[www.bcnv.org](http://www.bcnv.org)  
[licensing@bcnv.org](mailto:licensing@bcnv.org)

TODAY'S DATE: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

DESCRIPTION OF EVENT:  
\_\_\_\_\_

**Special Event license fee: \$25.00**

Special Event license fee is waived for BC non-profit businesses:

Please provide your BC non-profit license # \_\_\_\_\_

**Vendor fees: \$10 per vendor per day**

Will there be Vendors participating?  Yes  No

If yes, approximately how many? \_\_\_\_\_

***If your event has vendors, please submit a vendor list with your application, your license cannot be issued without this.***

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

DBA: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**EVENT COORDINATOR:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Sales tax must be reported to the NV Department of Taxation for all vendors/concessionaires.  
SNHD regulations must be complied with for each vendor/concessionaire selling food and/or beverage.  
Vendor fees and vendor list will be supplied to the business license office by the event date.**

I/We do hereby declare that all requirements have been complied with. I/We do hereby declare that all statements contained in this application are true and correct to the best of my knowledge, and that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a city license. Should this application be granted, I/We will accept such license subject to the terms and provisions of the ordinance under which granted.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Vendor fees \$ \_\_\_\_\_

LICENSE FEE \$ \_\_\_\_\_

Total fees due \$ \_\_\_\_\_

Bus Id: \_\_\_\_\_ Comments: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

## Vendor information

*Special Category vendors must be licensed separately.*

*These include but are not limited to: Traveling Amusement shows, Flea Markets or Swap Meets, Auctioneers, Peddlers and Transient vendors.*

### VENDORS (Attach separate sheets if necessary):

BUSINESS NAME (DBA): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

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