

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

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 <u>Clark County Code Section 6.65.040</u>.

BUSINESS INFO	ORMATION							
Date of Application	on:	Арр	licant Nam	e (Business N	lame or First,	<i>M.I., Last)</i> :		
Business Address	•			City/ State:				Zip Code:
Dusiness Huuress	•			eny, state.				Zip Couc.
Business Phone:				Business Er	mail Address	:		
PRIOR RESIDE	NCY							
	f Residence in Clark Cou	ntv	Years:	Months: Da		Days:	ys:	
	r to date of application?	iity						
		ageh rasi	danca you h	ava maintain	ad during the	providus three	a waars	
Previous Residence: List the full address of each residence you have maintained during the previous three y Dates Address					e yeurs.			
From:	To:				State	Zip Code		
(month/year)	(month/ year)		5000	et Auur ess		City	State	Zip Code
	ore space for residences is nee	eded, subm	it the inform	ation on an add	ditional form or	r a separate sh	neet of paper.	
OWNERSHIP IN						•		
	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?							
2) Are you, the applicant, applying as a corporation?					□ Y	es 🗆 No		
3) If a foreign corporation, when was it authorized to do business in the State of Nevada?						□ Y	es 🗆 No	
a. State of Incorporation:b. Date of Incorporation:					State:			
						Date:		
					Duit.			
Contact Information of Resident Agent (Corporations ONLY)								
Name: (First, M.I.	, Last)			Phone N	umber:			





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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 p	parties is needed, submit the information on an addition	al form or a separate she	et of paper.					
Corporate Directors and Officers								
	above, please include the name, address, phone nu		f all directors and					
	"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 a	officers is needed, submit the information on an addition	nal form or a separate sh	eet of paper.					
Shareholders								
	above, please include the name, address, phone nu		shares of all					
	vrite "N/A" in the first line and skip to the next see							
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 ow	□ Yes* □ No							
misdemeanor or felony?								
*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 Years: Months: Days:								
any and all business names under which applicant has operated, location, and length of								
time of each event/ eng	agement.							
		Previous Bus	iness Name:					
Additional Business	S Names:	Previous Business Name:						
		Previous Business Name:						
If more space for	previous busine	ess names is needed, submit the information on an additional form or a separate sheet of paper.						
Event Name	From:	To:	Street Address	City	State	Zip Code		
Event Ivanie	MM/YYYY	MM/YYYY	Street Address	City	State	Zip Code		
If more space for	additional part	annan aas is naa	led, submit the information on an additional j	Common a conquesto	sheet of n	an au		
List the sources of tale				orm or a separate	sneer of pl	iper.		
List the name(s) of all			nom Applicant has had agreements:					
List the name(s) of an	periorimers 2	igents with wi	iom Applicant has had agreements:					
Describe the method of	f funding con	certs by which	Application will secure patrons from	financial loss:				





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BOND INFORMATION	•						
	Company N	Name:					
List the name, address and telephone number of the bonding company that will end Applicant should this application be	Full Address (incl. City, State, Zip Code):						
approved:	Phone Num	ıber:					
List the names of all bonding companies from	whom Appli	cant has received bonds in prior 1	promotions:				
Bonding Company Name		ress (City, State, and Zip Code)	Phone Nu	mber			
If more space for bond companies is need	ded, submit the	information on an additional form or a	separate sheet of pap	er.			
SAFETY AND SECURITY PLAN							
State Applicant's proposed method of crowd c	control to cur	b riot or crowd disorder:					
State Annihomet's program denos denos for an			4 41				
State Applicant's proposed procedures for con	itrolling the	use of mich or megal substances a	it the performance				
State the approximate number of persons Applicant expects to attend each concert Number of Expected Attended presently being planned: Number of Expected Attended							
Have you attached or included a current financial statement with this application?			□ Yes	🗆 No			
SIGNATURES (requires signatures of owner, office							
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.							
Applicant's Signature		Applicant's Printed Name	and Title	Date			



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