

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.clarkcountvnv.gov/businesslicense

OFF- PREMISE LIQUOR PERMIT APPLICATION CHARITABLE/ NON-PROFIT ORGANIZATIONS

ALL APPLICATIONS REQUIRE THE FOLLOWING:

This application is supplemental to special event(s) permitting. If you are hosting, or vending, at a special event please ensure that you have (or event management has) also completed the appropriate special event permit application with either <u>Clark County Parks and Recreation</u> or <u>Clark County Comprehensive Planning</u>. *Notice: Incomplete documentation will be returned without being processed*.

- LICENSE TO OPERATE AN OFF-PREMISE EVENT AS A CHARITABLE ORGANIZATION Applicants seeking an Off-Premise Liquor Permit as a Charitable Organization for a special event, you must already hold a valid and current "Certificate of Registration" as a Charitable/ Non-profit organization with our department pursuant to Clark County Code Chapter 8.20.020.360.
- A COMPLETED APPLICATION FOR AN OFF-PREMISE LIQUOR PERMIT- CHARITABLE/ NON-PROFIT ORGANIZATION

A completed *Off-Premise Liquor Permit Application – Charitable/ Non-Profit Organizations* (attached) will contain the following:

- Applicable event information, including:
 - Charitable Registration number as assigned by this department (required).
 - Event location, date(s), and time(s)
 - o Description of event and estimated attendance
 - Type of permit being requested
 - o Number of service locations at event
 - On-site Supervisor contact information
 - List of *all* employees serving or supervising alcohol distribution; including work card number and Alcohol Awareness Training information.
 - If more room is necessary to list all employees for the event, please either include additional copies of this form or provide a list of all employees with all applicable information (work card and training) as required by this permit application.
- Please attach an approval letter from Clark County Department of Parks and Recreation if your event will be held on County property or at a County Parks and Recreation facility.

OTHER ACTIVITIES

If there are other activities conducted with your event you may be required to obtain additional business licenses/ permits from Business License or other agencies in conjunction with this application for an Off-Premise Liquor Permit Application – Charitable/ Non-Profit Organizations.

PROCESS & APPROVALS

All Off-Premise Liquor Permit Application – Charitable/ Non-Profit Organizations are subject to provisions and prohibitions as outlined in <u>Clark County Code Chapter 8.20.020.360</u>.

Once the Off-Premise Liquor Permit Application – Charitable/ Non-Profit Organizations has been submitted *and the payment processed*, Clark County Business License will issue an Off-Premise Liquor Permit – Charitable/ Non-Profit Organizations *subject to approval* by the department and inspecting agencies as necessary, or as required, for the special event. A business license technician will be in contact with any additional necessary information or next steps.

OTHER DEPARTMENT CONTACT INFORMATION	
Clark County Planning and Zoning	Clark County Parks and Recreation
Phone: (702) 455-4314	Phone: (702) 455-8200
Email: zoning@ClarkCountyNV.gov	Email: SPERentals@ClarkCountyNV.gov
Address: Clark County Govt. Center, 1st Floor	Address: Clark County Govt. Center, 2 nd Floor
500 S. Grand Central Pkwy	500 S. Grand Central Pkwy
Las Vegas, NV 89155	Las Vegas, NV 89155



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OFF-PREMISE LIQUOR PERMIT APPLICATION – CHARITABLE ORGANIZATIONS						
• Please fill out form completely; use black ink only; <i>incomplete, illegible, or altered application forms will be returned.</i>						
Payments can be made by cash, check, or money order made payable to: Clark County Department of Business License. BUSINESS INFORMATION						
Date of Application: Charitable Organization Name:						
Are you a Charitable O	rganization? (Check one)	□ Yes □ No	Charitable R	Charitable Registration #:		
Business Email:		Phone Number:				
EVENT INFORMATIO	DN					
Event Sponsor:			Associated Business Name:			
Location/ Address of Ev	ent (Include Suite Number)	:	City/ State:		Zip Code:	
Event Start Date:	Event End D	ate:	Hours (Start Time):		Hours (End Time):	
Description of Event:						
- ····F ···· · ····						
Estimated Attendance:			Type of Perm	it Requested:		
				🗆 Beer 🛛 🗆 Beer & Wi	ne 🛛 Full Liquor	
	Number of Liquor Se	ervice Locations to be (Operated:			
			NFORMATION	Ň		
Liquor Supervisor at Ev	iont: (First MI Last)	On-site Conta	act Information			
Elquor Supervisor at Ev	ent. (1 1131, 111.1., Eust)					
Primary Phone: Alternate Phone:						
List all employees serving or supervising alcohol distribution						
	Name	Work Card	Number	Work Card	Alcohol Awareness	
				Expiration Date	Training Expiration Date	
If you need more room for more employees, submit the information on an additional form or a separate sheet of paper.						
SIGNATURES (requires signatures of owner, officer, authorized or legal signer)						
Applicant's Signature Applicant's Printed Name and Title FOR OFFICIAL USE ONLY						
Parks and Recreation	Approve Dis	approve \square N/A	Reviewed by:		Date:	
Zoning		approve \Box N/A	Reviewed by:		Date:	
Business License Staff] Disapprove	Reviewed by:		Date:	
CCBL Director] Disapprove	Signed:		Date:	