



CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
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Las Vegas, NV 89106

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TTY 7-1-1
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ALCOHOLIC BEVERAGE CATERER PERMIT APPLICATION FOR COMMERCIAL LOCATIONS

Business Name _____ E-mail Address _____

Business Address _____ License Number _____ Fax Number _____

Mailing Address _____ City/State/Zip Code _____ Phone Number _____

Event Location Name _____

Event Address _____

COMPLETE Concise Description of Event

Private Event _____

Public Event - This will need approval through the Special Event process by the Public Works Department. Please contact them at (702) 229-6276.

* If concert or dance, enter promoter identification:

Name _____

Address _____

Telephone _____

Event Date _____ Hours _____ Estimated Attendance _____

Sponsor Name _____ Number of Bars _____

Name of Security Co _____ Number of Security Personnel _____

Security Co. License Number _____ Allowed Ages of Attendees _____

Employee Information (On-Site Personnel)

Supervisor	_____	_____	_____
	Name	Work Card Number	Exp. Date
Employee	_____	_____	_____
	Name	Work Card Number	Exp. Date
Employee	_____	_____	_____
	Name	Work Card Number	Exp. Date
Employee	_____	_____	_____
	Name	Work Card Number	Exp. Date

Pursuant to NRS 369.487 no retailer or retail liquor dealer may purchase any liquor from other than a state-licensed wholesaler. I understand that only my employees or I are allowed to serve alcoholic beverages during this event and at the conclusion of the event, I will take full possession of the alcohol. Furthermore, I understand that any misleading information provided in the application is grounds for denial OR suspension of the permit prior to or during the event activity. For every application that is filed later than the deadline and that is accepted by the Department, the licensee shall pay an additional fee of fifty dollars for each day past the deadline.

Owner/Principal Signature _____ Date _____ Business Licensing Representative Signature _____ Date _____

Print Owner / Principal Name _____

DO NOT WRITE BELOW THIS LINE

INFOR TN#: _____ DATE: _____ AMOUNT: _____

APPROVED FOR PERMIT: _____ DATE: _____

CONDITIONS: ___ Y ___ N

ONLY COMPLETE AND LEGIBLE APPLICATIONS WILL BE ACCEPTED