



CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
 333 N. Rancho Dr., 6th Floor
 Las Vegas, NV 89106

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Supplemental Application for Erotic Dance Establishments (LVMC 6.35 with no Alcohol)

Business Name (d.b.a): _____ License #: _____

Business Address: _____

Business Telephone: _____ Est. Gross Sales for next 6 months: _____

Business Description: _____

Type of Ownership: Sole Proprietorship Partnership Corporation Other (specify): _____

Corporation or Partnership name, if applicable: _____

List in the space provided below the name, address, telephone number, principal occupation, age, and respective ownership share of all owners, partners (including general, limited & silent partners), all officers, all directors, all shareholders having more than (ten) 10% of the outstanding shares or exercising any management of the corporation, and anyone having a right to (ten) 10% or more of the proceeds of the business. Attach additional sheets if necessary.

Name: _____	Principal Occupation: _____
Street Address: _____	Owner Percentage: _____
City/State/Zip: _____	Telephone Number: _____

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Street Address: _____	Owner Percentage: _____
City/State/Zip: _____	Telephone Number: _____

List in the space provided below the name, address and principal occupation of each managing agent having no ownership interest in the establishment. Attach additional sheets if necessary.

Name: _____	Principal Occupation: _____
Street Address: _____	City/State/Zip: _____
Position or Title: _____	

Name: _____	Principal Occupation: _____
Street Address: _____	City/State/Zip: _____
Position or Title: _____	

Name: _____	Principal Occupation: _____
Street Address: _____	City/State/Zip: _____
Position or Title: _____	

List below all persons, partnerships or corporations having any interest in the real or personal property utilized or to be utilized or to be utilized by this business or proposed business. Attach additional sheets if necessary.

Name: _____	Principal Occupation: _____
Street Address: _____	Owner Percentage: _____
City/State/Zip: _____	Telephone Number: _____
Name: _____	Principal Occupation: _____
Street Address: _____	Owner Percentage: _____
City/State/Zip: _____	Telephone Number: _____
Name: _____	Principal Occupation: _____
Street Address: _____	Owner Percentage: _____
City/State/Zip: _____	Telephone Number: _____

I, _____, being duly sworn, say that (s)he has read the foregoing application and knows the contents thereof, and that the same is true of his own knowledge; that the same contains a full and true account of the information requested; and that (s)he executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue, or revocation of, the license applied for, and, should the license applied for be granted, (s)he agrees to abide by all city, county, state and federal laws, and fully understands that failure to do so may result in revocation proceedings.

Signature of Applicant

Subscribed and sworn to, before me

this _____ day of _____, 20_____.

Notary Public in and for said county and state