



**CITY OF BOULDER CITY
NON-PROFIT PERMIT APPLICATION**

(PUBLIC, CHARITABLE, EDUCATIONAL, LITERARY, FRATERNAL OR RELIGIOUS PURPOSE)

401 California Ave. Boulder City NV 89005
Mailing address: PO Box 61350 Boulder City NV 89006
Phone 702-293-9219 Fax 702-293-9411

Date: _____

The undersigned hereby applies for a non-profit permit for the period of Jan. 1, 20____ - Dec. 31, 20____.

For the purpose of: Fundraising Other _____

Name of Organization: _____

Location or mailing address: _____

Phone number: _____

Type of organization: _____

Organized under the laws of what state? _____ When? _____

Application must include the following:

1. A copy of your letter from the IRS acknowledging non-profit status OR proof of being registered with the NV Secretary of State as non profit. <http://www.sos.state.nv.us/>
2. On a separate sheet list names, addresses, phone numbers, and official positions of all officers.
3. Federal tax identifying number.
4. Application fee of \$25.00

Have any of the persons who have office in the organization ever been convicted of a felony or gross misdemeanor? Yes No (if there are any such convictions, attach a list of the individuals who have been so convicted; give a complete statement as to the character of the offense, the court before whom the conviction was had, and the date.)

Applicant

Name: _____

Address: _____

Phone: _____

I/We hereby declare under the pains and penalties of perjury that the information given herein is true of my/our own knowledge. Should this application be granted, I/We will accept such license subject to the terms and provisions of the business license ordinance.

Signed: _____ Title: _____

If you will be sponsoring a Special Event, you must contact the Business License office and provide vendor information and remit additional vendor fees. (see reverse of application).

OFFICE USE ONLY

The foregoing application is hereby Approved Rejected Approved with following terms and conditions:

This ____ day of _____, _____. License Officer _____ Permit No. _____

AN ADDITIONAL FEE OF \$10.00 PER DAY PER VENDOR ALONG WITH A COMPLETED VENDOR LIST (SEE BELOW) MUST BE REMITTED TO THE BUSINESS LICENSE OFFICE 5 DAYS PRIOR TO THE EVENT. *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.*

Initial _____

EVENT NAME: _____ EVENT DATE: _____

EVENT COORDINATOR:

NAME: _____ PHONE: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

EVENT COORDINATOR RESPONSIBILITIES

Sales tax will be reported in compliance with the NV Department of Taxation for all vendors/concessionaires. Initial _____
SNHD regulations will be complied with for each vendor/concessionaire selling food and/or beverage. Initial _____

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 coordinator: _____ Date: _____

VENDOR LIST (Attach separate sheets if necessary):

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

NV STATE BUSINESS LICENSE (information required): LICENSED NOT LICENSED EXEMPT

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

NV STATE BUSINESS LICENSE (information required): LICENSED NOT LICENSED EXEMPT

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

NV STATE BUSINESS LICENSE (information required): LICENSED NOT LICENSED EXEMPT

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____

NV STATE BUSINESS LICENSE (information required): LICENSED NOT LICENSED EXEMPT

BUSINESS NAME (DBA): _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____
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TYPE OF BUSINESS: _____

NV STATE BUSINESS LICENSE (information required): LICENSED NOT LICENSED EXEMPT