



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: \_\_\_\_\_

Located at: \_\_\_\_\_

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 LOCATION: \_\_\_\_\_ APPROXIMATELY HOW MANY VENDORS WILL BE PARTICIPATING: \_\_\_\_\_

**EVENT COORDINATOR:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

**EVENT COORDINATOR / SPONSOR RESPONSIBILITIES**

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

Initial \_\_\_\_\_

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: \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_