



## VENDOR REGISTRATION SPECIAL EVENT

City Clerk's Office  
595 Silver Lace Blvd.  
Fernley NV, 89408  
Tel: (775) 784-9830

### APPLICANT INFORMATION

BUSINESS OWNER : \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ENTITY TYPE:  Sole Proprietor  Home Occupation  Corporation  Partnership  LLC  
 Association  Other: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

STREET

CITY/STATE/ZIP

MAILING ADDRESS: \_\_\_\_\_

(IF DIFFERENT THAN ABOVE)

STREET

CITY/STATE/ZIP

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_ DATE(S): \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

STREET

CITY/STATE/ZIP

CITY OF FERNLEY BUSINESS LICENSE # \_\_\_\_\_

STATE OF NEVADA LICENSE # \_\_\_\_\_ SALES TAX # \_\_\_\_\_

HEALTH PERMIT # \_\_\_\_\_ WORKER'S COMP INSURANCE: \_\_\_\_\_

DESCRIPTION OF BUSINESS ACTIVITIES: \_\_\_\_\_

### EMERGENCY CONTACT/LOCAL CONTACT INFORMATION

<b>Name:</b> _____	<b>Phone:</b> _____
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I, THE UNDERSIGNED, UNDERSTAND THAT: 1) IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; 2) INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE; AND 3) BUSINESSES ARE SUBJECT TO COMPLIANCE INSPECTIONS. **FOOD/CONCESSION SALES REQUIRE A VALID HEALTH CERTIFICATE.** PLEASE CALL 775-687-7571 TO SPEAK TO A HEALTH INSPECTOR.

<b>Signature:</b> _____	<b>Date:</b> _____
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### OFFICIAL USE ONLY

Activity Type: _____	Total amount paid: _____
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Business License restrictions: \_\_\_\_\_