



VENDOR REGISTRATION SPECIAL EVENT

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

APPLICANT INFORMATION

BUSINESS OWNER : _____

BUSINESS NAME: _____

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

EVENT NAME: _____ DATE(S): _____

EVENT LOCATION: _____
STREET CITY/STATE/ZIP

MAILING ADDRESS: _____
STREET CITY/STATE/ZIP

PHONE #: _____ E-MAIL: _____

CITY OF FERNLEY BUSINESS LICENSE # _____

STATE OF NEVADA LICENSE # _____ SALES TAX # _____

HEALTH PERMIT # _____ WORKER'S COMP INSURANCE: _____

DESCRIPTION OF BUSINESS ACTIVITIES: _____

FERNLEY GROSS RECEIPTS/SALES OVER THE LAST 12 MONTHS (CRAFTERS): _____

EMERGENCY CONTACT/LOCAL CONTACT INFORMATION

Name: _____	Phone: _____
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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.

Signature: _____	Date: _____
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OFFICIAL USE ONLY

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