

Nevada Department of Taxation

Promoter Application and Exhibitor List

Prepared By _____
 Nature of Event _____

Email as attachment to: Carson City: cevents@tax.state.nv.us
 Reno renoevents@tax.state.nv.us
 Las Vegas - Henderson: lvevents@tax.state.nv.us

ALL INFORMATION MUST BE COMPLETE

Section One			
Promoter Info:		Contact Info:	
Company Name	<input type="text"/>	Contact Person	<input type="text"/>
Address	<input type="text"/>	Primary Phone	<input type="text"/>
City, State, Zip	<input type="text"/>	Cell Phone	<input type="text"/>
EIN	<input type="text"/>	E-mail	<input type="text"/>
Nevada TID	<input type="text"/>		
	<i>Organization Type</i>		

Section Two			
Event Info:		Date of Request:	
Name of Event	<input type="text"/>	Event Start Date:	<input type="text"/>
Event Location	<input type="text"/>	Event End Date:	<input type="text"/>
Address	<input type="text"/>	Returns Due by:	<input type="text"/>
City, NV, Zip	<input type="text"/>	Will this be a Recurring Event?	<input type="text"/>
			Yes No

Section Three							Provide information on every participant at the event, sellers and non-sellers.	
Exhibitor List:		As of Date:		Vendors (Sellers) must remit a One-Time Return at the end of the event.				
Business Name	Contact Name	Street Address	City State, Zip	Phone	E-mail	If vendor is Registered in NV Tax ID #	Selling Vendor? Y or N	

Dept Use

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Dept Use

Business Name	Contact Name	Street Address	City State, Zip	Phone	E-mail	If vendor is Registered in NV Tax ID #	Selling Vendor? Y or N

Please use this spreadsheet or attach your own exhibitor list in a similar format with the requested information and seller declarations.

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