

Prepared By _____
 Nature of Event _____

Email as attachment to: Carson City: ccevents@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:	Company Name	_____	
	Address	_____	
	City, State, Zip	_____	
	FEIN	_____	<i>Organization Type</i>
	Nevada Account #	_____	
			Contact Info:
			Contact Person
			Primary Phone
			Cell Phone
			E-mail

Section Two			
Event Info:	Name of Event	_____	
	Event Location	_____	
	Address	_____	
	City, NV, Zip	_____	
			Date of Request:
			Event Start Date:
			Event End Date:
			Returns Due by:
			Will this be a Recurring Event?
			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 Account #	Selling Vendor? Y or N

Dept Use

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

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

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