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	
EIN	Organization Type
Nevada TID	

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

Exhibitor List: **As of Date:**

Provide information on every participant at the event, sellers and non-sellers.
Vendors (Sellers) must remit a One-Time Return at the end of the event.

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

REV-F006
V2023.1

Dept Use

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