



Clark County Department of Parks & Recreation

Sunset Park Reservation Request Form

FACILITY REQUESTED: (Please check one)

SUNSET A - B - C - D - F

SUNSET PARK DISC GOLF COURSE

SUNSET LAKE

Event Name: _____

Day and Date of Event: _____ **Attendance** _____ **E-MAIL** _____

Group Name: _____ **Contact Person:** _____

Address: _____ **Phone #:** _____

Event Start Time: _____ **End Time:** _____ **Permit#** _____ **Receipt#** _____

TYPE	YES	NO	NA	COMMENTS/INSTRUCTIONS
Electricity				If YES, a service fee will be charged. Limited power is available.
Amplified Music (Regional Parks Only) What type?				Clark County Ordinance 12.40.020, states that portable sound devices must not be so loud as to be heard from more than 75ft.
Amusement Services? What type? NO Dunk Tanks or Pony Rides Allowed				Agency: _____ Copy of a one million (\$1,000,000) liability insurance policy with a two million (\$2,000,000) aggregate that lists Clark County and Las Vegas Metropolitan Police Department named as co-insured or additional insured. Proof of insurance must be submitted 30 days prior to the date of your event.
Trash Removal - Large Groups				Groups of 700 or more will be required to pay a \$250 trash removal fee.
Portable Toilets (Contact Park Maintenance Office for Placement 455-8205)				Required for groups 500 and over. Event may be declined if invoices are not provided to the Reservation Office 15 days prior to event.
Tents/Canopies: _____10x10 _____10x20 _____20x20 Other _____				Clark County Fire Dept. Tent Permit REQUIRED for Tent(>200sqft) Canopy(>400sqft). 455-7316 *NO STAKES!
Commercial Vehicles: Ice/Soda/ Trailer Style Grills/Beer/Catering/ Stage/Risers				Further information will be needed to get approval from maintenance staff. Park Maintenance staff will assist with identifying where vehicles can be stationed at set-up time. PLEASE HELP KEEP OUR PARKS BEAUTIFUL BY NOT DRIVING ON THE GRASS!
Security CCPR/ Other Guards _____ Time _____- _____ Total Hours _____				Required for groups 200 & over. Groups providing "their own security" must contact Park Police 455-7532, 30 days prior to event.
Concessions / Sale of Alcohol Admission Fees / Advertisement				A written request to the Director of CCPR required for approval, 30 days prior to event. Permission will only be granted to non-profit organizations, additional security may be required. TAM Card Required! Event CANNOT be open to the public. Special Contract & Business License Required.

Any and all changes to your reservation must be made to this office no less than **14** days prior to the reservation date. All refunds will be issued if canceled in person or in writing at least 30 days prior to reservation date. The General Refund criteria for a Reservation of picnic area, facility, camps, class or activity is canceled by individual or group: Less than 14 days prior = No Refund; 14 days prior = 50%; 21 days prior = 75%; 30 days or more = Full refund. Class, programs, or rentals canceled by P & R Department = Full refund.

Your assistance is necessary to protect and preserve our parks and recreational facilities. Please sign your name at the space provided below, indicating your commitment to ensuring that our facilities will be clean after your reserved event; and that you, acting on behalf of yourself/organization, agree to comply with all rules and regulations governing the use of parks and special facilities within Clark County. You will be responsible for repair and/or clean-up costs incurred by Clark County if the facility is damaged or vandalized as a result of this reserved use and agree to reimburse Clark County for any such expenses. Clark County Parks & Recreation has the right to cancel this reservation for any reason at any time.

Facility User _____ Date _____

Clark County Representative _____ Date _____

Office Use Only:	After Event Evaluation	
# of Users:	Permit #:	Customer Name:
Comments: _____		



DEPARTMENT OF BUSINESS LICENSE
500 S. Grand Central Parkway
FAX: 702.386.2168

Please take a few moments to fill out the work sheet and fax to the Department of Business at 702.386.2168. Karyn Keehr is the point of contact 702.455.3924 or karynk@co.clark.nv.us.

Event Name: _____ Business Name: _____

Please provide the dates of the event, the name of the venue, address and phone number: Event Location: _____ Event Dates: Start Date: _____ End Date: _____
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Approximate number of participants each day? _____ **Approximate number of spectators?** _____

Is your company a charity or a non-profit organization/business? _____ **License or certificate #** _____

Are you an educational institution, a youth rodeo, a community association or a non-profit community club event? _____

If yes, please supply any unexpired federal 501(c)(3) designation forms.

Please indicate if your are providing services or conducting the following activities:

Sales of any kind? Yes No **List the types of sales:** _____

Selling tickets or charging Admission fees? Yes No

Issuing prizes, purses, ribbons or the like? Yes No

Will animals be involved in your event? Yes No

Are you hosting or sponsoring an event that is strictly a horse show? Yes No

Is this considered a rodeo utilizing rough stock?.... Yes No

Describe your exhibitions, demonstrations or competitions. _____

Alcoholic beverage service? Yes No

Food Service? Yes No

Is this a school event? Yes No

Is this a fund raising event? Yes No

If yes, please describe the event and the name of the school: _____

Please fax to Business License Office 702.386.2168

Name & phone number of the representative authorized to make decisions on behalf of the company:

Name: _____

Local phone & Cell #: _____ Fax: _____

Email: _____

Your name & phone # if different than above: _____

I hereby certify and attest that the information provided in this questionnaire is true and accurate to the best of my knowledge.

Applicant

Date

INTERNAL USE ONLY
Requirements from the Business License Department

Signature

Date