

CITY OF NORTH LAS VEGAS: DEPARTMENT OF NEIGHBORHOOD & LEISURE SERVICES

CRAIG RANCH REGIONAL PARK

851 West Lone Mountain, North Las Vegas, Nevada 89031

Phone (702) 633-2418 – Fax (702) 399-8486 – Email CRRP@cityofnorthlasvegas.com

RESERVATION/EVENT REQUEST FORM

GENERAL EVENT INFORMATION

Application Date: _____ First Time Event? Yes__ No__
Name of Event: _____
Date(s) of Event: _____ Hours of Event: _____
Park Requested: _____ Estimated Attendance: _____
Area(s) Requested: _____
Phone Number: _____

ORGANIZATION DETAILS

Organization: _____
Contact Person: _____
Address: _____
Phone: _____ Cell: _____ Email: _____
Is the Organization a Non-Profit? No Yes If yes, 501(c)3 Number: _____

DESCRIPTION OF EVENT

THIS FORM MUST BE COMPLETED IN FULL & SUBMITTED AT LEAST 30 DAYS PRIOR TO EVENT

Are you selling food at your event? No Yes

If yes, you must submit the Event Coordinator permit seven (7) working days prior to your event. You must obtain this permit from the Southern Nevada Health District.

Are you selling beer, wine or liquor at your event? No Yes

If yes, you must submit the Special Event Liquor Permit Application forty-five (45) working days prior to your event.

Are you erecting a single tent over 400 sq. ft that has at least one sidewall; or multiple tents with aggregate area of over 700 sq. ft without a fire break clearance of 12 feet? No Yes

If yes, you must submit a Temporary Permit Application and obtain approval from the North Las Vegas Fire Prevention.

Has the event already been publicized? No Yes

If yes, include a copy of flyer/mailing or description of efforts.

Please check all that apply:

- | | | |
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| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> DJ/ Amplified Sound | <input type="checkbox"/> Food Vendors/trucks |
| <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Jump houses/slides | <input type="checkbox"/> Portable fencing |
| <input type="checkbox"/> Portable toilets | <input type="checkbox"/> Car displays | |
| <input type="checkbox"/> Tents/tables/chairs | <input type="checkbox"/> Merchandise Vendors | |

Print Name: _____

Signature: _____ Date: _____