



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
<http://www.clarkcountynv.gov/businesslicense>

Applying for your Clark County Charitable Organization Certificate

The following information below is required to process your Charitable Organization Certificate in accordance with [Clark County Code Chapter 6.58](#). Email this application together with the attachments (see 1-5 below) to BLCharitableRegistration@clarkcountynv.gov. Our office will process the registration within 3 to 5 days and return an email to you with the certificate attached. Thank you.

1. Complete current 990 as filed with the IRS
2. A current list of officers
3. Current By-Laws
4. Official statement of Charitable Purpose
5. Other as determined

Name of Charity as filed with Nevada Secretary of State and/or IRS:

Entity type: Select one: Limited Liability Company Corporation Other

Ownership name if different than above: _____

Federal EIN: _____

Nevada State ID number (NV followed by 11 digits): _____

Location Address: _____

Mailing Address (if different than location) _____

Contact Information (Name, email preferred and phone):

Name: _____ **Email:** _____ **Phone:** _____

If your organization conducts solicitation events, please complete and submit the attached "Charitable Solicitations Financial Statement" Form for any event(s) within the next 12 months. You may call (702) 455-0174 if you have any questions. Thank you in advance for your cooperation.



CHARITABLE SOLICITATIONS FINANCIAL STATEMENT

(CLARK COUNTY CODE 6.58)

Date: _____

CHARITY NAME/CHARITABLE ORGANIZATION

SOLICITATION NAME

PROMOTER NAME

DATES OF SOLICITATION - FROM: _____ TO: _____

FINANCIAL INFORMATION

The financial information presented below is for the time period of _____ to _____

1 Total dollar amount collected to date: _____

2. Non-Solicited funds received: _____

Source: _____

3. Funds paid out: _____

AMOUNT	TYPE	PURPOSE

TOTAL INCOME: _____ (Items 1 & 2)

LESS EXPENSES: _____ (Item 3)

NET FUNDS COLLECTED _____

PENDING EXPENSES ALREADY INCURRED - TO BE PAID

AMOUNT	TYPE	PURPOSE

NOTE: This statement must be submitted to the Clark County of Business License 90 days from the date the solicitation began and also each 90 days thereafter until the solicitation has ended. A final Financial Statement must be submitted to the Clark County of Business License within 30 days from the date the solicitation ends. Attach additional sheets if required.

I, _____ swear under penalty of perjury as prescribed in NRS 360.290(1)(2), that the above statement is complete and accurate for the specific period noted above.

In WITNESS WHEREOF, I have executed this request at _____ on the

_____ day of _____, 20 _____.

Signature: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

 Notary Public in and for said County and State