

**NEVADA DEPT OF TAXATION****ONE TIME EVENT  
APPLICATION AND LOG**

Permit/License No.

Requested By

Date

6/16/2025

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ST

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New

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Revised

Temporary Number (Department use only)

Requested By/Assigned to (Department use only)

**ENTITY INFORMATION**

Entity Name		Entity Type		FEIN / SSN	
Address			Email		
Person in Charge					
Business Phone	Contact Phone	Fax	Will this be a reoccurring event? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many times a year?

**EVENT INFORMATION**

Event Name		
Event Location		
Event Dates	Date Returns Issued	Date Returns To Be Returned
Permit Numbers Issued		
From #	To #	
_____	_____	
_____	_____	
_____	_____	= _____ Total Number
		= _____ # Returned
_____ Reconciled By		= _____ Difference

Nature of Business / Products to be sold.

Other Information: