



EXHIBITOR APPOINTED CONTRACTOR & VENDOR REQUIREMENTS

Any show-appointed and/or exhibitor-appointed company providing a service in a supervisory or non-supervisory role during conventions, trade shows and events on the property of the Las Vegas Convention Center or Cashman Center must comply with the following requirements prior to commencement of work at either facility. Permits are issued on an annual basis.

1. ANNUAL CONTRACTOR FEE \$250.00

2. CERTIFICATE OF INSURANCE

- General Liability in the amount of one million dollars (\$1,000,000) combined single limit bodily injury and broad form property damage coverage, including broad form contractual liability, **naming the Las Vegas Convention and Visitors Authority as additional insured.** Contractor shall annually provide the LVCVA with a certificate evidencing such insurance. **The “Insured” listed on the Certificate of Insurance must exactly match the “Name of Company” set forth on page 2.**
- Workers’ Compensation Coverage in the State of Nevada with minimum of one million dollars (\$1,000,000) limit. **If the home state of the contractor does not have a reciprocal agreement with the State of Nevada, contact Employers Insurance Company of Nevada (EICN) to obtain proper coverage. Phone (702) 837-3000 or www.eicn.com**

3. ESCA BADGE REQUIREMENT

- **All company employees MUST have *WIS/ESCA ID Badges** in order to work at either facility. See attached brochure and flyer.

4. LEGAL COMPLIANCE

- For and in consideration of the Permit, each contractor agrees to indemnify, defend and hold the LVCVA harmless for damages, claims or expenses incurred by the LVCVA that are attributable to the contractor or its actions or inactions at the LVCC and/or Cashman Center. Such damages, claims or expenses include, but are not limited to, those related to (1) the handling of hazardous materials; (2) negligence or intentional conduct; (3) violation of any law or regulation; and (4) additional security resulting from labor strikes and the like. Where appropriate, expenses will be charged to the responsible contractor on a pro rata basis.

Please select which category of business your company performs (select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Audio Visual/Lighting | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Production |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Floral/Plants | <input type="checkbox"/> Supervisory |
| <input type="checkbox"/> Computer Rentals | <input type="checkbox"/> Flooring | <input type="checkbox"/> Security/Private Investigator |
| <input type="checkbox"/> Destination/Event Management | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Temporary Staffing |
| <input type="checkbox"/> Display/Design | <input type="checkbox"/> Install/Dismantle (I & D) | <input type="checkbox"/> Tents/Pavilions/Temp Structures |
| <input type="checkbox"/> Entertainment/Talent/Modeling | <input type="checkbox"/> Labor | <input type="checkbox"/> Theatrical/Rigging |
| <input type="checkbox"/> Equipment/Furniture Rental | <input type="checkbox"/> Medical | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Exhibit House/Tradeshow Exhibits | <input type="checkbox"/> Photography/Videography/Recording | <input type="checkbox"/> Misc./Other* |

*Misc./Other selected, please list the category(s) here: _____

I agree to provide all required payments and evidence of compliance with requirements set forth herein. Further, I agree to the terms and conditions set forth in Section 4 hereof.

Name of Company: _____

DBA (if applicable): _____

Address: _____

City, State, Zip: _____

EAC Contact: _____
(Print Name)

Title: _____ Date: _____

Web Address: _____ Phone: _____

E-Mail Address: _____ Fax: _____

Payment Method: Check attached **OR** To pay with a credit card via Square*, please provide email address of CC holder: _____

**An invoice will be emailed via Square to complete credit card information.*

- **By submitting this form with payment option selected above, payee acknowledges application is valid and enforceable**
- I understand the *WIS/ESCA badge requirement
- Include certificate of insurance for general liability and worker's compensation as described in section 2
- Make check payable to the Las Vegas Convention and Visitors Authority
- Return this form with a check for \$250 for the annual fee to the following address:

Sr. Director of Convention Services
Las Vegas Convention and Visitors Authority
3150 Paradise Road
Las Vegas, NV 89109

Direct questions to the Convention Services Department, LVCVA
Phone: (702) 892-2860 Email: eacpermit@lvcva.com

- Completed Form
- \$250.00 Contractor Fee
- Certificate of Insurance with appropriate coverage
- I understand the *WIS/ESCA badge requirement

All documents must be received BEFORE work may commence on the property of the Las Vegas Convention Center or Cashman Center

ALL CONTRACTORS MUST OBTAIN A BUSINESS LICENSE WHEN WORKING AT EITHER THE LAS VEGAS CONVENTION CENTER OR CASHMAN CENTER. Please click on link for assistance:

<http://www.clarkcountynv.gov/business-license/Pages/BusinessLicenseServiceSpotlight.aspx>

OR CONTACT THE FOLLOWING FOR FURTHER INFORMATION:

Clark County Department of Business License
500 Grand Central Parkway, Third Floor
Las Vegas, NV 89155
702-455-0174
www.clarkcountynv.gov

Business Licensing Division Planning Department
333 North Rancho Drive
Las Vegas, NV 89106
702-229-6281
www.lasvegasnevada.gov