

**Las Vegas Convention Center Forms**



CONVENTION AND VISITORS AUTHORITY

**Helicopter Landing Request Form**

COMPANY NAME		BOOTH #	
CONTACT		BOOTH DIMENSIONS	
EMAIL ADDRESS	PHONE	FAX	
ADDRESS			
CITY	STATE	ZIP	COUNTRY
SIGNATURE			

PROPOSED LANDING DATE, IF KNOWN	PROPOSED LANDING LOCATION, IF KNOWN
TYPE OF HELICOPTER:	

This is an initial form of contact only. Once received, the Las Vegas Convention and Visitors Authority will contact you and advise you of insurance requirements, etc. You will then work with the LVCVA and Freeman to finalize the details of the landing.

**FAX THIS COMPLETED FORM TO:** LVCC Convention Services Dept; (702) 892-2933  
**OR E-MAIL:** [medralin@LVCVA.COM](mailto:medralin@LVCVA.COM)

**No helicopter will be permitted to land without authorization.**

Do not write below this line

<b>LVCC USE ONLY</b>			
Final landing date:	Time:	Location:	
Contractor contact:	Cell #:		
On-site exhibitor contact:	Cell #:		
Take-off date:	Time:	Location:	



**CONVENTION AND VISITORS AUTHORITY**

**CONTRACTOR & VENDOR REQUIREMENTS**

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Any show-appointed and/or exhibitor-appointed company providing a service 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

- Workers' Compensation Coverage in the State of Nevada  
**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](http://www.eicn.com)**
- Commercial General Liability insurance 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.

3. LEGAL COMPLIANCE – SIGNATURE REQUIRED BELOW

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. 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.

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

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Print Name)

Title: \_\_\_\_\_ Date \_\_\_\_\_

Web Address: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ FAX \_\_\_\_\_

- Submit the form above with an original signature by an appropriate company designee
- Include certificate of insurance and worker's compensation as described above
- 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:

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) 892-2940      FAX (702) 892-2933

Have you provided all of the following AS ONE SUBMISSION:

- Contractor Fee
- Certificate of Insurance with Appropriate Coverage
- This Form with Appropriate Signature

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

**BE ADVISED THAT CLARK COUNTY AND THE CITY OF LAS VEGAS REQUIRE ALL CONTRACTORS TO OBTAIN A BUSINESS LICENSE WHEN WORKING AT EITHER THE LAS VEGAS CONVENTION CENTER OR CASHMAN CENTER. 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.co.clark.nv.us](http://www.co.clark.nv.us)

City of LV Dept. of Finance & Business Services  
 400 Stewart Avenue  
 Las Vegas, NV 89101  
 702-229-6281  
[www.ci.las-vegas.nv.us](http://www.ci.las-vegas.nv.us)

**SUPERVISORY PERSONNEL REQUIREMENTS  
LAS VEGAS CONVENTION & VISITORS AUTHORITY**

Companies sending supervisory personnel to oversee installation of designed exhibits at shows at the Las Vegas Convention Center and/or Cashman Center may do so by providing LVCVA with the following certificates of insurance, a completed and signed Legal Compliance form, and answers to the questions listed below. FAX INSURANCE FORMS AND THIS COMPLETED REQUEST TO THE LVCVA CONVENTION SERVICES DEPARTMENT AT 702-892-2933 PRIOR TO ARRIVAL ON PROPERTY.

1. Certificates of Insurance:

- Workers' Compensation Coverage in the State of Nevada: 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](http://www.eicn.com).
- 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 additionally insured.

2. Legal Compliance – Signature Required Below

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. 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. The undersigned agrees to provide all required payments and evidence of compliance with requirements set forth herein. Further, the undersigned agrees to the terms and conditions set forth in Section 2 hereof.

Name of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Print Name)

Title: \_\_\_\_\_ Date \_\_\_\_\_

Web Address: \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax \_\_\_\_\_

3. Convention to be attended: \_\_\_\_\_

4. Dates staff will attend show: \_\_\_\_\_

5. Attending employees' names: \_\_\_\_\_  
\_\_\_\_\_

6. Company providing installation labor: \_\_\_\_\_

City: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

(Note: Your labor company must have a current Exhibitor Appointed Contractor permit from LVCVA. If they do not, we will contact them for the necessary fee, licenses, and insurance BEFORE work may begin on your installation.)

7. Photo ID is required to access exhibit halls/meeting rooms. Contact Convention Services for further information if your staff does not carry company photo ID. If a show requires badges for daily access (in addition to your photo ID), contact your labor company to request that they include your staff for daily badges.

**THANK YOU FOR YOUR PROMPT RESPONSE. ANY QUESTIONS, CALL 702.892.2940.**



**CONVENTION AND VISITORS AUTHORITY**

**APPLICATION FOR FOOD PREPARATION WITHIN EXHIBITS**

Name of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Name of Exhibiting Company: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate the food item(s) you wish to prepare:


Please indicate the process/equipment that would be used:


Please check box if decorative candles are to be used (1 candle per table):

No open flames will be permitted.

A 5ABC portable fire extinguisher will be required for each approved device.

A type "K" portable fire extinguisher will be required when use of cooking oil is approved.

Please FAX this form to:

Convention Services Manager  
Las Vegas Convention Center  
702/892-2933

A Safety coordinator will call you to discuss your food preparation plans. DO NOT finalize plans to prepare food in your booth without approval of your equipment by the Las Vegas Convention Center.

Approved	Denied
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