Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR
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/business_license

CHECKLIST FOR APPLICATION FOR CHANGE OF BUSINESS LICENSE

Section 6.04.090, 6.04.100, 6.04.110, 6.04.120, and 6.04.130 of the Clark County Code, provides guidelines for changes to existing business location, name, mailing address, officer changes and ownership changes of 99% or less. (Note: Ownership changes of 100% will require a new license.)

I. All changes require the following:

1. A current mailing address and phone is required for ***all*** change applications. If this section is not completed we may return your change request without processing it. (*We will forward ALL correspondence to your location address in the absence of a current mailing address*.)
2. The *Application for Change of Business License* form must be completed and signed by an owner or officer of the business.
3. A fee of $25 will be charged for *each change* on *each license.* Payment can be made by cash, check, or money order made payable to: Clark County Department of Business License.
   a. If renewing your license at the same time, please provide a separate check or money order for the license renewal fees and the change request fees.
4. Additional documents may be required for Regulated or Liquor & Gaming licenses. Please call (702) 455-3573 for further information.

II. Business Location Change:

1. Preliminary zoning review. Contact Clark County Current Planning at (702) 455-4314.
2. The Fire Department Permit Survey form must be completed.
3. One of the following Proof of Rights to the business physical location:
   a. Lease or Rent: If you are leasing or renting a location, a signed Lease Information form must be completed; or
   b. Sharing Space: A signed Letter of Authorization from lessee, business owner or officer; or
   c. Property Ownership: A copy of the deed, mortgage agreement, bill of sales; or
   d. Other Jurisdiction: If the new location is in a jurisdiction other than Unincorporated Clark County, provide a copy of the approved business license with the current address from that jurisdiction.

III. Business Name Change:

1. A file stamped copy of the Fictitious Firm Name (DBA) from the Clark County Clerk's office, or a file stamped copy of the Amended Name Change articles filed with the Nevada Secretary of State.

IV. Business Owner Change (adding or deleting an Owner of 99% or less ownership):

1. A notarized letter signed by an owner is acceptable;
2. A complete list of owners and ownership percentages is required per Clark County Code;
3. A stamped copy of the Resolution or Minutes filed with Nevada Secretary of State is acceptable;
4. A stamped copy of the new DBA filed with the Clark County Clerk's office is acceptable; and
5. For an owner's name change, a copy of the file stamped marriage or divorce decree is acceptable.

V. Officer Change:

1. Submit documentation of new officer(s) or the Amended Resolution filed with the Nevada Secretary of State.

*** INCOMPLETE DOCUMENTATION FOR CHANGE REQUEST WILL BE RETURNED**

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APPLICATION FOR CHANGE OF BUSINESS LICENSE

CURRENT MAILING ADDRESS AND CONTACT INFORMATION IS REQUIRED FOR ALL CHANGE APPLICATIONS

Mailing Address:		***State***	***Zip:***
Business Telephone No.		***Effective Date:***	

APPLICABLE LICENSE CHANGES AND FEES

Check all that apply:

- ☐ Change of Business Name - $25 *Fee*
- ☐ Change of Business Location/Address - $25 *Fee*
- ☐ Change of Business Owners - $25 *Fee*
- ☐ Change of Business Officers - *No Charge*
- ☐ Change of Business Mailing Address - *No Charge*

Changing Mailing Address only? License No. Required: _____

Changes of business ownership of 100% require a new license. A new business license application package will need to be submitted.

For multiple licenses *please include* ***$25.00 for each*** *change on each license.*

CHANGE OF BUSINESS NAME AND/OR CHANGE OF LOCATION

Clark County Business License No.:		**New Business Information:**	
Old Business Name:		**New Business Name:**	
Old Business Address:		**New Business Address:**	
State	**Zip Code**	**State**	**Zip Code**

CHANGE OF BUSINESS OWNERS

If changes to ownership total to 100%, a complete new application must be submitted.

Previous Owners Name: (First, M.l., Last)		**New Owners Name: (First, M.l., Last)**	
Percentage of Ownership:	**Date of Birth *(optional)***	**Percentage of Ownership**	**Date of Birth *(optional)***
Address		**Address**	
State	**Zip Code**	**State**	**Zip Code**
SSN# *(optional)*		**SSN# *(optional)***	

CHANGE OF BUSINESS OFFICERS (do not include owners)

Old Officer's Name/Title:		**New Officer's Name/Title:**
Address:		**Address:**
State	**Zip Code**	**Zip Code**
Telephone No.		**Telephone No.**

SIGNATURES (requires signatures of owner, officer, authorized or legal signer)

Signed Name:	**Print Name:**	**Date:**
Signed Name:	**Print Name:**	**Date:**

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CALL OUR LICENSING DIVISION at (702) 455-0174.

Reminder: Please change the business name, location and/or ownership with the appropriate State Agency(s)

CLARK COUNTY
FIRE PERMIT SURVEY FORM

PROJECT ADDRESS (BUSINESS LOCATION) _____

PROJECT NAME (BUSINESS NAME) _____ **DATE** _____

ASSESSOR'S PARCEL NUMBER(S) _____

CONTACT PERSON _____ **PHONE #** _____

INITIATING AGENCY: (***Check Box, Agency Application/Permit #, and Agency Signature Required below***)

☐ AIR QUALITY	☐ BUSINESS LICENSE	☐ FIRE DEPARTMENT
☐ BUILDING DIVISION	☐ CURRENT PLANNING	☐ HEALTH DISTRICT

INITIATING AGENCY APPLICATION # or PERMIT # _____

INITIATING AGENCY SIGNATURE _____

CHECK "Yes" or "No" for each item below that your building/business/project includes.

	YES	NO	
1.	☐	☐	Water supplied by a well or private water system
2.	☐	☐	Propane tank(s)
3.	☐	☐	Aboveground or underground flammable/combustible liquid tank(s)
4.	☐	☐	High-piled storage* (see definition below)
5.	☐	☐	Spray paint booths
6.	☐	☐	Medical Gas Systems
7.	☐	☐	Combustible Dust Producing Operations
8.	☐	☐	Chemicals – Storage, Manufacture, or Use **

Fire Dept. Review/Comments Signature is only required for any "Yes" response.

Fire Dept. Review/Comments

Signature Date

- *A "Yes" response to any of the above conditions may require the applicant to obtain a permit from the Clark County Fire Department (CCFD). CONTACT CCFD PLANSCHECK AT (455-7100) IMMEDIATELY for permit requirements.*
- *A "Yes" response to conditions #7 and #8 also requires Signature of Building Division below and may require approval of a Special Use Permit through the Current Planning Division.*

NOTE: *Title 30, Section 30.04.160, provides for the revocation of any land use approval not in compliance with Codes.*

PRINT NAME _____ **SIGNATURE** _____

CIRCLE ONE: Property, Building, or Business Owner ~ Occupant's Legal Representative ~ Responsible Party

ATTENTION: FAX COMPLETED FORM TO CLARK COUNTY FIRE DEPARTMENT AT (702) 735-0775

* *High-Piled Storage is storage of combustible materials in closely packed piles or combustible materials on pallets, in racks or on shelves, where the top of storage is greater than 12 feet (3658 mm) in height. High-piled combustible storage also includes certain high-hazard commodities, such as rubber tires, Group A plastics, flammable liquids, idle pallets and similar commodities, where the top of storage is greater than 6 feet in height.*

*** Refer to the Clark County Fire Department's "Hazardous Materials Systems" Guideline.*

For Development Services – Building Division Use Only

Hazardous Occupancy Required? YES_____ NO_____ If YES, then Special Use Permit Required.

Building Division Signature _____

☐ New Construction	☐ PAC Process	☐ Commercial
☐ Addition	☐ Walk-thru	☐ Residential
☐ Remodel		

~ DISTRIBUTION ~

CUSTOMER AIR QUALITY MANAGEMENT BUSINESS LICENSE DEPARTMENT FIRE DEPARTMENT HEALTH DISTRICT
DEVELOPMENT SERVICES: BUILDING PLANS EXAMINATION ZONING PLANSCHECK CURRENT PLANNING

INSTRUCTIONS FOR SCHEDULING FIRE DEPARTMENT INSPECTIONS

Fire Department Inspections for Business License

Your application for a Clark County Business License cannot be finalized until you have completed and submitted the Fire Department Survey Form and the Fire Department has inspected and approved your business location. The Business License Department will identify each license that requires a fire inspection. You are responsible for requesting a fire inspection for your business location.

Instructions for Fire Permit Survey Form

A Fire Permit Survey Form is included as part of your Business License application. If you answer "yes" to any of the questions on the Fire Permit Survey Form, you may need to obtain required permits prior to your final Fire Department inspection. If you have answered "yes" to any of the questions on the Fire Department Survey Form, the Business License Department will transmit your Permit Survey Form to the Fire Department. *Make sure that you include a return fax number on the form!* The Fire Department will review, sign, and fax the form back to you. The response will identify any permits required by the Fire Department for your business. You can apply for the required permits by contacting 702-455-7316.

Instructions for Scheduling Your Fire Department Inspection

After you have applied for any required Fire permits as noted on the Permit Survey Form and your business license application has received zoning approval, you may schedule your Fire Inspection.

To schedule a Fire Department inspection on the regular Fire Department inspection schedule (Tuesday-Thursday from 8:00 a.m. to 4:00 p.m.), create an application on-line. It's Easy! Go to http://fire.co.clark.nv.us/business license.aspx to see the Fire Department web page about Business License Inspections. Click the links to see detailed application instructions and to access Construction Services Online, the County's online application and inspection scheduling system. There is no charge for business license inspections performed during normal working hours.

OR

Contact a Fire Department scheduler at 702-455-7316

Note that you must have your Business License ID number(s) available when applying for your Fire Department inspection. The number is printed on your Business License receipt and is required by the Fire Department for inspection application processing.

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LEASE INFORMATION

Tenant:	
Address of Tenant:	
Tenant Contact	**Name:** **Phone:** **Email:**
Landlord:	
Address of Landlord:	
Landlord Contact:	**Name**: **Phone:** **Email:**
Premises:	**Address:** **Square footage:**

Under penalty of perjury, I attest that the information contained in this document is true and correct. I also understand that any false, misleading or fraudulent statements with respect to any material fact contained in the business license application and/or supporting documentation may subject me to civil penalties and/or denial of the business license application pursuant to CCC6.04.09(b) & CCC6.04.140.

_____ _____

Business License Applicant / Tenant **Date**