



APPLICATION for DRIVER-DEL
As an Independent Contractor for Commercial Businesses

Please be advised that the information provided may be subject to public records disclosure and may appear on the Clark County Business License website as well as Public Information Reports. Please use **BLACK INK** only for legibility. Any incomplete, illegible or altered applications cannot be accepted for processing.

Fees due for this application are \$25 and renewable annually. Applications may be mailed in or dropped off with a check or money order in the amount of \$25 payable to Clark County Business License. You may pay in person from 8:00AM to 4:00PM any workday at our office with cash, check or debit card only.

BUSINESS INFORMATION – 100% owner		Category
A	Last Name	First Name (& MI) NAICS Code: 492111
B License and Renewals will be mailed to location address unless otherwise indicated below		
	Home or License Hang Address Line 1	Home or License Hang Address Line 2, City, State, Zip Code
C Licenses and renewals will be mailed to:		
	Mailing Address Line 1, if different than above	Mailing Address City, State, Zip Code, if different than above
D REQUIRED: Name(s) of Company(s) that contract your services		
	Please provide the names of Businesses using your services: _____	
	Please describe the type of transportation you are providing: <input type="checkbox"/> Goods <input type="checkbox"/> Services <input type="checkbox"/> Passengers	
E Vehicle Information		
	Will any of the vehicles carry more than 8 passengers including the driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F REQUIRED STATE INFORMATION		
	Have you registered with the Nevada Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No	NV Business ID (required)
I certify the information provided herein and attached is true and accurate to the best of my knowledge and I understand that providing false, misleading or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal. The date of your signature below will be considered your <u>business start date</u> for licensing purposes.		
<i>The following information is required for all Drivers for Transportation Network Companies (TNCs).</i>		
	Owner Email Address	Cell Phone Business Phone
	Signature	Date