



CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.

Use **BLACK INK** only! Any incomplete, illegible or altered applications will not be accepted for processing.

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A	BUSINESS INFORMATION		Fictitious Firm Name		Classification or Category	
	Business Name:		Doing Business As:		NAICS Code:	
BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).						
B	Type of Business Ownership (Please select one)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership			
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)		Name: Last, First, MI, or Corporation/LLC		Title	
			Address Line 1		Address Line 2	
			City	State	Zip	% Owned
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s) <i>(Attach additional pages as needed)</i>		Name: Last, First, MI, or Corporation/LLC		Title	
			Address Line 1		Address Line 2	
			City	State	Zip	% Owned
	BUSINESS BASICS and CONTACT INFORMATION					
C	Business Location		Location Address Line 1		Location Address Line 2	
			City	State	Zip Code	Country
			Email Address		Business Phone No.	Business Fax No.
	Mailing Address <i>(If same as location, please indicate "location")</i>		Mailing Address Line 1		Mailing Address Line 2	
			City	State	Zip Code	Country
	Authorized Contact Info		Authorized Contact Last Name	Authorized Contact First Name	Auth. Contact MI	
			Email address		Primary Phone	Cell Phone
	Business Location Information		<input type="checkbox"/> Owned (If owned proceed to "Describe all business activity" at the top of the next page) <input type="checkbox"/> Leased (If leased please provide the following information for our records)			
			Lessor Name (Last, First, MI or Company Name)			Lessor Phone
			Lessor Address Line 1		Lessor Address Line 2	
City			State	Zip Code	Country	

Describe all Business Activity:

Date your business started at this location:

**Have you complied with the provisions of NRS 244.33505 Industrial Insurance?
(Please check with your worker’s compensation carrier for additional information)** Yes No

**Have you purchased a business currently operating in Clark County?
Are you requesting a Temporary License?** Yes No
 Yes No

IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION

Clark County Business License No.:	Owners Name:
Number of Employees:	Square Footage of Premises:

Does this business require a Professional or Occupational License issued by a State Board? Yes No

(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)
If your answer is “Yes” please provide Name of Board:

BUSINESS QUESTIONS

Have you registered with the Nevada Secretary of State? Yes No **NV Business ID (required)**

Child Support Compliance Statement
All applicants desiring to do business in the Unincorporated area of Clark County must file, along with their business license application, a statement covering child support obligations as prescribed by the Nevada Welfare Division, Department of Human Resources (NRS 425.520). The statement must be fully completed and signed by the owner(s). In all cases Nevada Law prohibits the Department of Business License from issuing a business license, permit, or certificate unless the owner(s) fully complete(s) the required child support statement and is in compliance with child support laws.

1. I am not subject to a court order for the support of a child
 2. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
 3. I am subject to a court order for the support of one or more children and am not in compliance with the order of am in compliance with a plan approved by the District attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
 4. This business is exempt from SB 356 because it falls under one of the following organizational structures: Multiple Member LLC; Multiple Member Corporation; Non-profit; Registered partnership.

Fire Permit Survey – Please select Yes or No for each item below that your building/business/project includes.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Water supplied by a well or private water system
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Propane tank(s) (not for BBQ)
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Above ground or underground flammable/combustible liquid tank(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. High-piled storage
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Spray paint booths
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Medical gas systems
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Combustible dust producing operations
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Chemicals – storage, manufacture or use

I certify the information provided herein and attached is true and accurate to the best of my knowledge. 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.

Signature:	Print Name:	Date:
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