



Department of Business License

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DIRECTOR

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http://www.clarkcountynv.gov/business_license

REQUEST FOR DUPLICATE LICENSE

Business Name: _____

Business Address: _____

City, State Zip: _____

License Reprint Fee \$5.00

Business License Number: _____

Business Owner(s) Name(s): _____

Contact Telephone Numbers(s): _____

*PLEASE SELECT ONE OF THE FOLLOWING:

- I would like you to send a duplicate license to us this one-time at the **TEMPORARY** mailing address below:

Business Name: _____

Address: _____

City/State/Zip: _____

- I would like you to change our mailing address and send a duplicate license to us at the **PERMANENT** mailing address below:

Business Name: _____

Address: _____

City/State/Zip: _____

Please submit this form along with \$5.00 to:

Clark County Business License,

500 S Grand Central Pky 3rd Flr

Box 551810

Las Vegas, NV 89155-1810

Signature of Requestor: _____

Date: _____