



Department of Business License

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DIRECTOR

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http://www.clarkcountynv.gov/business\_license

Business License # \_\_\_\_\_

REQUEST FOR REFUND

Please be specific as to the reason for the refund and include the following information:

Refund amount request: \_\_\_\_\_ (Application fees and Penalties are non-refundable)

Business Name: \_\_\_\_\_

Business Owner(s) Name(s): \_\_\_\_\_

REASON FOR REFUND REQUEST:

Please mark reason(s) for request and give brief explanation below:

- APPLICATION WITHDRAWN/TERMINATION
LICENSE DENIED
OVERPAYMENT of FEES
BUSINESS NEVER OPENED OR OPERATED

BUSINESS MOVED TO (please check one below)

City of Las Vegas- License # \_\_\_\_\_ ; Issued Date \_\_\_\_\_

City of North Las Vegas- License # \_\_\_\_\_ ; Issued Date \_\_\_\_\_

City of Henderson- License # \_\_\_\_\_ ; Issued Date \_\_\_\_\_

OTHER \_\_\_\_\_

Explanation of request: \_\_\_\_\_

Please issue and mail refund payment as follows:

Payable to: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Requestor's Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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