



Department of Business License

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DIRECTOR

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http://www.clarkcountynv.gov/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 are non-refundable)**

Business Name: _____

Business Location Address: _____

City, State, Zip: _____

Business License Number: _____

Business Owner(s) Name(s): _____

Contact Telephone Number(s): _____

Date application for business license was filed: _____

REASON FOR REFUND REQUEST:

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

- APPLICATION WITHDRAWN
- ZONING/BUILDING/FIRE DENIAL
- BOARD DENIAL (BCC or L&G)
- OVERPAYMENT OF FEES
- FEES PAID IN ERROR
- FEES PAID ON INCORRECT LICENSE NUMBER
- DUPLICATE FEES PAID
- BUSINESS NEVER OPENED OR OPERATED
- BUSINESS MOVED TO ANOTHER JURISDICTION

Issuing Agency: _____ **Date License Issued:** _____

License Number: _____

- OTHER

Explanation of request: _____

Please mail refund to:

Payable to: _____

Address: _____

City/State/Zip: _____

Signature of Requestor: _____ **Date:** _____