



Department of Business License

JACQUELINE R. HOLLOWAY

DIRECTOR

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http://www.clarkcountynv.gov/business_license

REQUEST TO SURRENDER BUSINESS LICENSE

Date: _____

Business Name: _____

Business Address: _____

City, State and Zip Code: _____

Contact Telephone: _____

License Number(s): _____

Surrender of your license can be accomplished by completion of this form. All owners having an equal interest or interest greater than 50% must sign in order for surrender to be valid.

Effective _____ the following individual(s) acknowledge their desire to surrender the above listed Clark County Business license(s).

Signature

Print Name and Title

If additional signatures are required, place them on a separate sheet of paper and return with this form.

**Send to: Clark County Business License
Attn: Investigations Division
P.O. 551810
Las Vegas, NV 89155-1810**