



Department of Business License

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DIRECTOR

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REQUEST TO SURRENDER GAMING LICENSE

Date: \_\_\_\_\_
Business Name: \_\_\_\_\_
Business Address: \_\_\_\_\_
City, State and Zip Code: \_\_\_\_\_
Gaming License Number(s): \_\_\_\_\_

Surrender of your gaming 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 Gaming license(s). Following submission of this request all gaming devices must be disconnected or removed from the premises.

Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_
Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_
Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_
Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_
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