



Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
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LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.clarkcountynv.gov/business_license

REQUEST TO SURRENDER LIQUOR LICENSE

Date: _____
Business Name: _____
Business Address: _____
City, State and Zip Code: _____
Liquor License Number(s): _____

Surrender of your liquor 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 Liquor license(s). No liquor sales are to be permitted at the business establishment once this notice has been submitted. Within five (5) days of receipt of this notice by the Department of Business License all alcohol on the premises must be removed.

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