



Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

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(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.co.clark.nv.us/business_license

REQUEST FOR DUPLICATE LICENSE

Business Name _____

Business Address _____

City, State Zip _____

License Reprint Fee \$5.00

Business License Number: _____

Business Owner(s) Name(s): _____

Contact Telephone Numbers(s): _____

*PLEASE SELECT ONE OF THE FOLLOWING:

I would like you to send a duplicate license to us this one-time at the TEMPORARY mailing address below:

Business Name: _____

Address: _____

City/State/Zip: _____

I would like you to change our mailing address and send a duplicate license to us at the PERMANENT mailing address below:

Business Name: _____

Address: _____

City/State/Zip: _____

*LICENSES FOR CATEGORIES OF LIQUOR, GAMING, AND MASSAGE CANNOT BE SENT TO A MAILING ADDRESS. THE LICENSES FOR THESE CATEGORIES OF BUSINESS MUST BE SENT TO THE LOCATION ADDRESS.

Please submit this form along with \$5.00 to:

Clark County Business License,
500 S Grand Central Pky 3rd Flr
PO Box 551810
Las Vegas, NV 89155-1810

Signature of Requestor: _____ Date: _____