



# Department of Business License

JACQUELINE R. HOLLOWAY

DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4252

(800) 328-4813

FAX (702) 386-2168

[http://www.clarkcountynv.gov/business\\_license](http://www.clarkcountynv.gov/business_license)

## CHECKLIST FOR APPLICATION FOR CHANGE OF BUSINESS LICENSE

Section 6.04.090, 6.04.100, 6.04.110, 6.04.120, and 6.04.130 of the Clark County Code, provides guidelines for changes to existing business location, name, mailing address, officer changes and ownership changes of 99% or less. (Note: Ownership changes of 100% will require a new license.)

### I. All changes require the following:

1. A current mailing address and phone is required for all change applications. If this section is not completed we may return your change request without processing it. (*We will forward ALL correspondence to your location address in the absence of a current mailing address.*)
2. The *Application for Change of Business License* form must be completed and signed by an owner or officer of the business.
3. A fee of \$25 will be charged for *each change on each license*. Payment can be made by cash, check, or money order made payable to: Clark County Department of Business License.
  - a. If renewing your license at the same time, please provide a separate check or money order for the license renewal fees and the change request fees.
4. Additional documents may be required for Regulated or Liquor & Gaming licenses. Please call (702) 455-3573 for further information.

### II. Business Location Change:

1. Preliminary zoning review. Contact Clark County Current Planning at (702) 455-4314.
2. The Fire Department Permit Survey form must be completed.
3. One of the following Proof of Rights to the business physical location:
  - a. Lease or Rent: If you are leasing or renting a location, a signed Lease Information form must be completed; or
  - b. Sharing Space: A signed Letter of Authorization from lessee, business owner or officer; or
  - c. Property Ownership: A copy of the deed, mortgage agreement, bill of sales; or
  - d. Other Jurisdiction: If the new location is in a jurisdiction other than Unincorporated Clark County, provide a copy of the approved business license with the current address from that jurisdiction.

### III. Business Name Change:

1. A file stamped copy of the Fictitious Firm Name (DBA) from the Clark County Clerk's office, or a file stamped copy of the Amended Name Change articles filed with the Nevada Secretary of State.

### IV. Business Owner Change (adding or deleting an Owner of 99% or less ownership):

1. A notarized letter signed by an owner is acceptable;
2. A complete list of owners and ownership percentages is required per Clark County Code;
3. A stamped copy of the Resolution or Minutes filed with Nevada Secretary of State is acceptable;
4. A stamped copy of the new DBA filed with the Clark County Clerk's office is acceptable; and
5. For an owner's name change, a copy of the file stamped marriage or divorce decree is acceptable.

### V. Officer Change:

1. Submit documentation of new officer(s) or the Amended Resolution filed with the Nevada Secretary of State.

**\* INCOMPLETE DOCUMENTATION FOR CHANGE REQUEST WILL BE RETURNED**



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## APPLICATION FOR CHANGE OF BUSINESS LICENSE

**CURRENT MAILING ADDRESS AND CONTACT INFORMATION IS REQUIRED FOR ALL CHANGE APPLICATIONS**

<b>Mailing Address:</b>		<b>State</b>	<b>Zip:</b>
<b>Business Telephone No.</b>	<b>Effective Date:</b>		

### APPLICABLE LICENSE CHANGES AND FEES

Check all that apply:

- |                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Change of Business Name - \$25 Fee             | <input type="checkbox"/> Change of Business Officers - No Charge        |
| <input type="checkbox"/> Change of Business Location/Address - \$25 Fee | <input type="checkbox"/> Change of Business Mailing Address - No Charge |
| <input type="checkbox"/> Change of Business Owners - \$25 Fee           |                                                                         |

**Changing Mailing Address only? License No. Required:** \_\_\_\_\_

**Changes of business ownership of 100% require a new license. A new business license application package will need to be submitted.**

For multiple licenses please include \$25.00 for each change on each license.

### CHANGE OF BUSINESS NAME AND/OR CHANGE OF LOCATION

<b>Clark County Business License No.:</b>		<b>New Business Information:</b>	
<b>Old Business Name:</b>		<b>New Business Name:</b>	
<b>Old Business Address:</b>		<b>New Business Address:</b>	
<b>State</b>	<b>Zip Code</b>	<b>State</b>	<b>Zip Code</b>

### CHANGE OF BUSINESS OWNERS

If changes to ownership total to 100%, a complete new application must be submitted.

<b>Previous Owners Name: (First, M.I., Last)</b>		<b>New Owners Name: (First, M.I., Last)</b>	
<b>Percentage of Ownership:</b>	<b>Date of Birth (optional)</b>	<b>Percentage of Ownership</b>	<b>Date of Birth (optional)</b>
<b>Address</b>		<b>Address</b>	
<b>State</b>	<b>Zip Code</b>	<b>State</b>	<b>Zip Code</b>
<b>SSN# (optional)</b>		<b>SSN# (optional)</b>	

### CHANGE OF BUSINESS OFFICERS (do not include owners)

<b>Old Officer's Name/Title:</b>		<b>New Officer's Name/Title:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>State</b>	<b>Zip Code</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone No.</b>		<b>Telephone No.</b>	

### SIGNATURES (requires signatures of owner, officer, authorized or legal signer)

<b>Signed Name:</b>	<b>Print Name:</b>	<b>Date:</b>
<b>Signed Name:</b>	<b>Print Name:</b>	<b>Date:</b>

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CALL OUR LICENSING DIVISION at (702) 455-0174.

Reminder: Please change the business name, location and/or ownership with the appropriate State Agency(s)

# CLARK COUNTY FIRE PERMIT SURVEY FORM

PROJECT ADDRESS (BUSINESS LOCATION) \_\_\_\_\_

PROJECT NAME (BUSINESS NAME) \_\_\_\_\_ DATE \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER(S) \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

INITIATING AGENCY: (Check Box, Agency Application/Permit #, and Agency Signature Required below)

- |                                            |                                           |                                          |
|--------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> AIR QUALITY       | <input type="checkbox"/> BUSINESS LICENSE | <input type="checkbox"/> FIRE DEPARTMENT |
| <input type="checkbox"/> BUILDING DIVISION | <input type="checkbox"/> CURRENT PLANNING | <input type="checkbox"/> HEALTH DISTRICT |

INITIATING AGENCY APPLICATION # or PERMIT # \_\_\_\_\_

INITIATING AGENCY SIGNATURE \_\_\_\_\_

CHECK "Yes" or "No" for each item below that your building/business/project includes.

- |    | YES                      | NO                       |                                                                 |
|----|--------------------------|--------------------------|-----------------------------------------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Water supplied by a well or private water system                |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Propane tank(s)                                                 |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Aboveground or underground flammable/combustible liquid tank(s) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | High-piled storage* (see definition below)                      |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Spray paint booths                                              |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Medical Gas Systems                                             |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Combustible Dust Producing Operations                           |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Chemicals – Storage, Manufacture, or Use **                     |

Fire Dept. Review/Comments

  
  
  
  
  
  
  
  
  
  

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Fire Dept. Review/Comments Signature is only required for any "Yes" response.*

- ❖ A "Yes" response to any of the above conditions may require the applicant to obtain a permit from the Clark County Fire Department (CCFD). CONTACT CCFD PLANSHECK AT (455-7100) IMMEDIATELY for permit requirements.
- ❖ A "Yes" response to conditions #7 and #8 also requires Signature of Building Division below and may require approval of a Special Use Permit through the Current Planning Division.

NOTE: Title 30, Section 30.04.160, provides for the revocation of any land use approval not in compliance with Codes.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CIRCLE ONE: Property, Building, or Business Owner ~ Occupant's Legal Representative ~ Responsible Party

ATTENTION: FAX COMPLETED FORM TO CLARK COUNTY FIRE DEPARTMENT AT (702) 735-0775

\* High-Piled Storage is storage of combustible materials in closely packed piles or combustible materials on pallets, in racks or on shelves, where the top of storage is greater than 12 feet (3658 mm) in height. High-piled combustible storage also includes certain high-hazard commodities, such as rubber tires, Group A plastics, flammable liquids, idle pallets and similar commodities, where the top of storage is greater than 6 feet in height.

\*\* Refer to the Clark County Fire Department's "Hazardous Materials Systems" Guideline.

### For Development Services – Building Division Use Only

Hazardous Occupancy Required? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, then Special Use Permit Required.

Building Division Signature \_\_\_\_\_

- |                                           |                                      |                                      |
|-------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> PAC Process | <input type="checkbox"/> Commercial  |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Walk-thru   | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Remodel          |                                      |                                      |

~ DISTRIBUTION ~

CUSTOMER    AIR QUALITY MANAGEMENT    BUSINESS LICENSE DEPARTMENT    FIRE DEPARTMENT    HEALTH DISTRICT  
DEVELOPMENT SERVICES:    BUILDING PLANS EXAMINATION    ZONING PLANSHECK    CURRENT PLANNING