



Department of Business License

JACQUELINE R. HOLLOWAY

DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4252

(800) 328-4813

FAX (702) 386-2168

http://www.clarkcountynv.gov/businesslicense

License Name: _____

License No. _____

REFLEXOLOGY APPLICATION AFFIRMATION
and
DESIGNATED MANAGER FORM

TO ALL REFLEXOLOGY LICENSEES: Please complete the Affirmation below and provide identification documentation to Clark County Business License. Your signature on this document must be notarized.

I, the undersigned applicant, have been informed and understand that the license for which I have made application permits only hand/foot reflexology. The practice of massage in any form is prohibited unless and until such time as I apply for and receive the appropriate massage business license pursuant to Clark County Code Chapter 7.08. Failure to abide by this prohibition may result in disciplinary action against my license, and/or a misdemeanor conviction, which is punishable by fine, six months in jail or both.

Signature _____

Date _____

State of)
County of)

Signed and sworn before me this ____ day of _____, 20____.

Notary Public _____

REQUIRED FOR REFLEXOLOGY ESTABLISHMENT OWNERS PURSUANT TO CLARK COUNTY CODE 7.07(d):

A Designated Manager shall be on the premises at all times of operation. The Designated Manager shall also be responsible for accepting citations, written correspondence, and any other communications from the Department or LVMPD. The Designated Manager shall maintain a daily list of all Certified Reflexologists along with their business license numbers who are providing reflexology. Such list shall be open for inspection and available for viewing by all patrons and by agents of the Department or LVMPD at all times the establishment is open. Any citations, arrest or events prompting LVMPD's attention must be reported to the Department within twenty-four (24) hours.

Pursuant to Clark County Code 7.07, the undersigned Reflexology Establishment owner affirms that

is the designated manager for the above referenced establishment.

Signature of owner _____

Date _____

State of)
County of)

Signed and sworn before me this ____ day of _____, 20____.

Notary Public _____