CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810
(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168
http://www.clarkcountynv.gov/businesslicense

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.
Use BLACK INK only! Any incomplete, illegible or altered applications will not be accepted for processing.

A	**BUSINESS INFORMATION**	**Fictitious Firm Name**	**Classification or Category**
	Business Name:	**Doing Business As:**	**NAICS Code:**

B — BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).

Type of Business Ownership (Please select one)	☐ Sole Proprietorship ☐ Corporation ☐ Limited Liability Co. ☐ Partnership ☐ Limited Partnership			
Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)	**Name: Last, First, MI, or Corporation/LLC**		**Title**	
	Address Line 1		**Address Line 2**	
	City	**State**	**Zip**	**% Owned**
Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)	**Name: Last, First, MI, or Corporation/LLC**		**Title**	
(*Attach additional pages as needed*)	**Address Line 1**		**Address Line 2**	
	City	**State**	**Zip**	**% Owned**

C — BUSINESS BASICS and CONTACT INFORMATION

Business Location	**Location Address Line1**		**Location Address Line 2**	
	City	**State**	**Zip Code**	**Country**
	Email Address	**Business Phone No.**		**Business Fax No.**
Mailing Address *(If same as location, please indicate "location")*	**Mailing Address Line 1**		**Mailing Address Line 2**	
	City	**State**	**Zip Code**	**Country**
Authorized Contact Info	**Authorized Contact Last Name**	**Authorized Contact First Name**		**Auth. Contact MI**
	Email address	**Primary Phone**		**Cell Phone**
Business Location Information	☐ Owned (If owned proceed to "Describe all business activity" at the top of the next page) ☐ Leased (If leased please provide the following information for our records)			
	Lessor Name (Last, First, MI or Company Name)		**Lessor Phone**	
	Lessor Address Line 1		**Lessor Address Line 2**	
	City	**State**	**Zip Code**	**Country**

C	**Describe all Business Activity:**		
	Date your business started at this location:		
	Have you complied with the provisions of NRS 244.33505 Industrial Insurance? **(Please check with your worker's compensation carrier for additional information)**		☐ Yes ☐ No
	Have you purchased a business currently operating in Clark County? **Are you requesting a Temporary License?**		☐ Yes ☐ No ☐ Yes ☐ No
	IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION		
	Date Business Purchased:	**Clark County Business License No.:**	**Owners Name:**
		Number of Employees:	**Square Footage of Premises:**
	Does this business require a Professional or Occupational License issued by a State Board?		☐ Yes ☐ No
	(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division) **If your answer is "Yes" please provide Name of Board:**		
D	**BUSINESS QUESTIONS**		
	Have you registered with the Nevada Secretary of State?	☐ Yes ☐ No	**NV Business ID (required)**
	I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing false, misleading or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.		
	Signature:	**Print Name:**	**Date:**

Temporary License Request Form

Date:_____

To: The Department of Business License
500 South Grand Central Parkway, 3rd Floor
Las Vegas, Nevada 89155

Re: ☐ Purchase of Business

☐ Regulated application pending LVMPD background approval

Business Name _____

Business Location Address:_____

Business License Application Number(s): _____

Please consider this my request for a Temporary License in conjunction with my application for the business described above. I affirm that I have submitted a complete application and seek your approval to operate during required inspections and/or any required background checks.

I understand that the Temporary License may be issued while the application process is being completed pursuant to Clark County Code 6.04.070 (a) (b) (c) (d) and 6.04.095 (a) (b) and 6.04.096 (a) (b) and that zoning approval must be granted before a Temporary License can be issued.

Furthermore I acknowledge that required inspections must be completed prior to final business license approval.

_____ _____

Signature of Business Owner Date

_____

Signed by (Please print name)

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

Personal History Form

Approved for use by Clark County
Department of Business License

Application Instructions:

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION
NOTE: ALL SUBMITTED FORMS BECOME THE PROPERTY OF THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. All hand written answers must be in **BLACK** ink and in block lettering. Illegible applications WILL NOT be accepted.
2. Please **DO NOT SUBMIT THIS FORM ELECTRONICALLY**; this document contains sensitive personal information and is not designed to be secure via e-mail transmission.
3. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
4. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you indicate "Does Not Apply." If there is nothing to disclose, indicate "None." Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
5. Signatures and initials must be made in **BLACK** ink.
6. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
7. Additional information may be required by the Clark County Department of Business License or the Metro Police Investigator. Failure to provide the requested documents in a timely manner could result in denial of your application.
8. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned and the LVMPD does not make copies of any documents relating to the application. The applicant is advised to make copies before submitting the application.
9. **IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.**

BE SURE TO:

A. Attach a recent (within the past 6 months) **passport size color photograph** of yourself.
B. **Sign and notarize** all applicable forms and pages.
C. **Initial** each page.
D. Include all required **attachments**.
E. Retain a **copy** of the application for your records
F. Read, initial and sign **TWO (2) copies of the Authorization to Release Information**.
G. Provide a **copy** of your driver's license or state issued identification card.
H. Provide a **certified copy** of your Birth Certificate or **copy** of Certification of Birth Abroad.

Personal History Form

Date form completed

License Type

Name: Last *(includes Sr., Jr., Etc., if applicable)* **First** **Middle**

Mailing Address *(number and street)* **Apt. #** **City/Town** **State/Province** **Zip/Postal Code**

Home Address *(if different from mailing address)* **Apt. #** **City/Town** **State/Province** **Zip/Postal Code**

Present Business Address *(number and street)* **Suite#** **City/Town** **State/Province** **Zip/Postal Code**

Home Telephone Number **Present Business Telephone Number** **Cell/Mobile Telephone Number**

Date of Birth **Social Security Number** **Email Contact**

Sex **Eye Color** **Hair Color** **Height** **Weight**

1. Have you ever been known by any other name or names? ◯ **Yes** ◯ **No** *If yes, list the additional names below and specify dates of use for each (include maiden name, aliases, nicknames, American name, other name changes, legal or otherwise)*

2. Place of Birth

3. Are you a US Citizen? ◯ **Yes** ◯ **No**

If registered alien, list number **If naturalized, list certificate number**

ATTACH A COPY OF ALIEN REGISTRATION/ NATURALIZATION

Date of Naturalization **Port of Entry** **Date of Entry**

Of what country are you a citizen?

4. Have you ever been issued a passport? ◯ **Yes** ◯ **No** *If yes, please complete the table below:*

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

5. What is your current marital status?

☐ **Married/Civil Union** ☐ **Single** ☐ **Divorced** ☐ **Engaged** ☐ **Legally Separated** ☐ **Widow/Widower**

5a. Provide the following information regarding your current marriage and spouse:

Name of Spouse		Current Address	Telephone Number	Spouse's Occupation
Social Security Number	**Date of Birth**	**Place of Birth**	**Date of Marriage**	**Where Married**

6. Do you have any previous marriages? ◯ **Yes** ◯ **No** **6a. How many times have you been married?** ☐

Name of Former Spouse	Present Address and Phone	Date of Birth
Date and Place of Marriage	**Date and Location of Annulment, Separation, or Divorce**	**Docket/Case # of Divorce Action**

Name of Former Spouse	Present Address and Phone	Date of Birth
Date and Place of Marriage	**Date and Location of Annulment, Separation, or Divorce**	**Docket/Case # of Divorce Action**

7. Do you have any children? ◯ **Yes** ◯ **No** **7a. How many children do you have?** ☐

Name	Date of Birth	Birthplace	Current Address	Supported By

8. List names, residence address, dates of birth and most recent occupations of parents, parents-in-law or legal guardian. If deceased, please note.

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

9. Do you have any brothers, sisters, and do they have respective spouses? ◯ **Yes** ◯ **No**

Name (include Maiden)	Relation	Date of Birth	Current Address	Phone Number	Occupation
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				

10. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived for the past 10 years (including residences while attending college or while in military service). You do NOT need to list any addresses prior to age 18.

Date – From/To	Address	City/Town	County	State/ Province	Country	Zip/Postal Code

11. Beginning with secondary school (high school), provide the information below with respect to each school, college, graduate, or post-graduate school you have attended.

Dates – From/To	Name and Address of School, Training Program, etc.	Description of Education Program	List any Degree or Certification Attained	Graduated
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

12. Beginning with your present job and working backward, provide the following information in regards to each place you have worked for the *past 10 years*. You do NOT need to list any information prior to age 18. Include all part-time and full-time employment and military service. Give dates of any unemployment between jobs in proper sequence. *You may also attach a copy of your "Work History" form that is available from the Social Security Administration detailing your employment history. If you choose this option, you must also provide the additional required information referenced in Questions 12a and 12b either on this form or as an attachment.*

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

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Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

With regard to the previously listed employment:

12a. Were you ever discharged, suspended, or asked to resign from employment? ◯ **Yes** ◯ **No**

12b. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? ◯ **Yes** ◯ **No**

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

13. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least three (3) years and can attest to your good character and reputation. No person can be a reference who is a member of your family *(i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law, whether by whole or half blood, by marriage, adoption or natural relationship).* **No person can be a reference who is a current employer, employee or business associate.**

Reference One: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

Reference Two: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

Reference Three: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

14. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? *If you answer yes to this question, see instructions below…* ◯ **Yes** ◯ **No**

Country of Service	Branch of Service	Service Serial #	Highest Rank Held

Period(s) of Active Service: From/To	Date of Each Discharge/Separation	Type of Discharge(s)

Attach a copy of your DD214 if you answer yes to this question. If that is unavailable, attach a copy of the appropriate branch of the military requesting a copy of your DD214. If in reserves, attach a copy of your discharge papers. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

14a. Have you been tried by military court-martial or have you had any charges filed against you while in the military? This means any charges filed against you under article 15 of the Uniform Code of Military Justice *(Summary Court, Deck Court, Captain's Mast, Company Punishment, etc.)* ◯ **Yes** ◯ **No**

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization that filed charges	Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.)	Sentence

The next question asks about arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

For purposes of the question:
"ARRESTS" include any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
"CHARGE" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
"OFFENSE" is all crimes to include: felonies, gross misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probations or any other court order.
"CITATION" is an official summons to appear.

Instructions: Answer "yes" and provide all information to the best of your ability **even if:**

You did not commit the offense charged.
The charges were dismissed or subsequently downgraded to a lesser charge.
You completed a pretrial intervention or equivalent diversionary program in other jurisdictions.
You were not convicted.
You did not serve any time in prison or jail.
The charges or offenses happened a long time ago.

15. Have you ever been arrested or issued a citation, excluding traffic related offenses such as speeding, in any jurisdiction? ◯ **Yes** ◯ **No**

Nature of Charge or Offense/Location where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence

16. Have you ever been called to testify, or otherwise participated in a hearing or proceeding, before any Licensing Agency, Grand Jury, Federal Board, or Commission for any reason whatsoever? ◯ **Yes** ◯ **No**

Name of Licensing Agency/or Commission	Date(s) of Appearance(s)	Nature of Hearing	Was Testimony Given?

17. List all current motor vehicle drivers' licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc) issued to you in any jurisdiction below:

Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

18. Have you ever made application for, or held, any professional or occupational license, permit, or certification in any jurisdiction, including, but not limited to the following: Real Estate Broker or Salesman, Accountant, Attorney, Medical, Boxing Promoter, Manager or Matchmaker, Race Horse Owner, Trainer, Manager, Jockey, Race Dog Owner, Securities Dealer, Contractor, Pilot, Insurance, or any other type of professional license? Do NOT include Alcoholic Beverage or Driver's License. ◯ **Yes** ◯ **No**

You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn, or is currently pending.

Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application
Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application

19. Have you made application for or held a license, permit, registration, finding of suitability, qualification, or other authorization to participate in any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutual operation, lottery, sports betting, internet gaming, etc., or alcoholic beverage operation in any jurisdiction? ◯ **Yes** ◯ **No**

You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the agency for any reason, withdrawn, or is currently pending.

Name & Address of Licensing Agency/ Organization (including Country, State/ Province, County or Municipality or Town	Type of License, Permit, Approval, or Registration	Date of Application	Disposition (Granted, Denied, or Pending, etc.)	License, Permit, Approval or Registration Number

20. Have any of the licenses, permits, or certifications applied for or held by you as identified in the previous questions ever been denied, suspended, revoked, or subject to any conditions in any jurisdictions? ◯ **Yes** ◯ **No**

Type of License, Permit, or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

21. Have you ever held a financial interest in a gambling venture, including race track, race horse, or race dog, lottery, casino, bookmaking operation, or pari-mutual outside the State of Nevada? ◯ **Yes** ◯ **No**

Provide details below

22. Have you ever been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation? ◯ **Yes** ◯ **No**

Governmental Agency/Organization	Nature of Charge	Date	Disposition

23. Have you ever been barred, trespassed, or otherwise excluded, for any reason other than for the denial, suspension or revocation of a license or registration from any form or type of casino or gaming/gambling related operation in any jurisdiction? *Check "Yes" even if the disbarment or exclusion is no longer in effect or has been lifted.* ◯ **Yes** ◯ **No**

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

24. Have you (as an individual, member of a partnership, or owner, director or officer of a corporation) or your spouse been party to a lawsuit, either as a plaintiff or defendant? This includes matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bank matters, bankruptcies, etc. ◯ **Yes** ◯ **No**

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit

Nature of Suit	Disposition	Date of Disposition

25. Have any individual, local, city, county, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? ◯ **Yes** ◯ **No**

Nature of Debt	When Filed	Where Filed	Current Status

26. Have you, as an individual, or any business entity in which you have been involved with filed any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? (If yes, attach copy of Discharge) ◯ **Yes** ◯ **No**

Date Filed	Docket/Case No.	Name and Address of Court	Name & Address of Filing Party	Name & Address of Trustee

27. Will you have any type of slot machines/gaming devices in your establishment that are not owned by you? (If yes, attach copy of Participation Agreement) ◯ **Yes** ◯ **No**

Name	Address.	Telephone No.	Contact Person	Date of Agreement

28. Are you currently indebted to a gaming establishment? ◯ Yes ◯ No

Provide details below

29. Do you intend to actively participate in the operation of the business for which this license is desired? ◯ Yes ◯ No

State position/reason below

30. Is entertainment to be used in this establishment? ◯ Yes ◯ No

Provide details below

31. Did another individual complete this application on your behalf? ◯ Yes ◯ No

Name	Date of Birth	Social Security Number	Address	Telephone No.,

31a. Explain affiliation of this individual and reason this application was completed on your behalf (i.e. language, legal, etc.)

DOCUMENT ATTACHMENT - REVIEW SECTION

Please review your answers to all questions carefully and attach items as requested/needed. Additional items may be requested by staff on a case-by-case basis.

STATEMENT OF TRUTH AND ACKNOWLEDGMENTS

I,_____, being duly sworn, say that I have read the foregoing Regulated License Application Personal History Form and know the contents thereof, and that the same are true; that the same contains a full and true account of the information requested; and that I executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the full knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue and/or revocation of the (remove comma) license applied for and should the license applied for be granted, I will abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

Further, I attest that:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this form that is not an original document is a certified copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, or misleading they will be documented and could result in denial of suitability for licensing.
6. I understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.
7. I agree to provide and disclose any information that reasonably relates to this application, the applicants qualifications, acceptability or fitness for an approval for suitability or for the requested license.
8. I agree to be fingerprinted and photographed.

I do hereby agree that Clark County Department of Business License may obtain information from my past and present employers, criminal justice agencies, financial institutions, Federal, State and local government agencies and other persons and entities and agree to release such information to Clark County Department of Business License for use in connection with this application.

I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge Clark County Department of Business License, its agents and employees from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against Clark County Department of Business License or its agents or employees, arising out of its use of the information provided in this application or discovered during any investigation thereof.

I do hereby certify that I have read and understand the_____ ordinance, and will abide by it in its entirety or any amendments thereto, and furthermore certify that, if this application is approved and a license issued, it will be accepted by me, subject to the terms and provisions of the applicable ordinance and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the licensing authority; and I acknowledge the power of authority of the licensing authorities or other authorized representative to enter any store or business establishment wherein the licensed business or operation is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance, examination of its books of account, or to determine the true parties of interest, including any person(s) having an ownership interest in the licensed premises, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

State of _____

County of _____

_____
Signature of Applicant

Signed and Sworn to or Affirmed to
before me this_____ day

of_____,20_____by _____
Signature of Notarial Officer

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE

AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME: _____

FROM: LAS VEGAS METROPOLITAN POLICE DEPARTMENT

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from the Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by the Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.

6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:

   (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented:
   (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
   (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.

7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.

9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.

10._____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.

11._____ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

12._____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).

13._____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I hereby execute this request at **Las Vegas, Nevada**.

_____ Print Name

_____ Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this _____ day

of _____, 20____ by _____

Signature of Notarial Officer

_____

Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request

Date: _____

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE

AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME: _____

FROM: Clark County Department of Business License

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.

6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:

   (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented:
   (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
   (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.

7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.

9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.

10._____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.

11._____ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

12._____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).

13._____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I hereby execute this request at **Las Vegas, Nevada**.

_____ Print Name

_____ Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this _____ day

of _____, 20____ **by** _____
Signature of Notarial Officer

_____
Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request

Date: _____

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE
PRIVILEGED/REGULATED
BUSINESS SUPPLEMENTAL QUESTIONNAIRE (BSQ)

(FORM TO BE FILED IN DUPLICATE)

Notice to Applicants: Please read this form carefully and furnish all related documents. **Answers must be complete and truthful. Do not leave any spaces blank. Answer "N/A" to any question that is not applicable. Failure to properly complete the form and provide required accompanying documents could result in a delay processing the application or in a denial of the license.**
The Department reserves the right to request additional documents as necessary in order to conduct its background investigation.

Name of Applicant (Operating Entity) DBA (Business Name As it should appear on license)

Business Address (Number & Street Name) City State Zip Code Business Telephone (with area code)

Mailing Address (Number & Street Name) City State Zip Code

Name of Company Representative Title Business Telephone (with area code)

1. Type of license applied for: _____
2. Type of Organization: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ Other _____
3. Organized under the laws of which state? _____ When? _____
4. Qualified to do business in Nevada? ☐ Yes ☐ No Date filed in Nevada: _____
5. Name of Corporate Resident Agent: _____ Phone: _____

   Address: _____
6. Name of owner(s) of property where business will be conducted: _____

   Address of Property Owner: _____
7. Does property owner have an ownership share in the business? ☐ Yes (%) ☐ No
8. Will property owner share in profits of the business or otherwise participate in operations?
   (If yes, please provide details on a separate sheet).
   ☐ Yes ☐ No
9. Has this business entered into any agreement that could result in a transfer, pledging, or encumbrance of an ownership share in the future or does the company intend to enter into such an agreement in the future?
   ☐ Yes ☐ No

10. **Ownership**

(Provide information for all individuals or entities that have an ownership share in this business. The form must account for 100% of the capital invested in this business. If additional space is required, please use additional form. For LLCs, limited partnerships, or publicly traded corporations with numerous minor investors, individual ownership interests of less than 1% may be grouped as one line item, provided an explanation is supplied below. Use additional sheet as necessary. ***Provide stock certificate or other legal proof of ownership for each entity or individual listed below)****.*

Name & Title of Owner	Address & Telephone	Ownership Percentage	Amount
	Total Capital Invested:	**100%**	

11. **Officers and Key Personnel**

(Provide information regarding all key personnel involved in the business, including all Corporate Officers, Managing Partners, Managers in LLC, etc. Individuals having significant management authority or decision-making roles in the operation of the business must be included regardless of title. Include any individual having the authority to hire or fire employees, obtain credit or take out loans, or enter into contracts and/or sign agreements on behalf of the business.)

Name	Title	Address	Phone

12. **Statement of Pre-Opening Cash & Expenditures**
The following schedule must be completed by all companies that are three or fewer years old.

A. FUNDS AVAILABLE PRIOR TO OPENING:			
	1.	**Capital Investments** *(must agree to total of #10 above)*	**$**
	2.	**Loans from Institutions**	
		(provide copies of all loan agreements)	
	3	**Loans from individuals and business entities**	
		(provide copies of all loan agreements)	
	4.	**Other Funds** *(on lines below, specify source and provide documentation)*	
		Total pre-opening funds before expenditures: (A)	**$**
B. EXPENDITURES & OTHER DISPOSITION OF FUNDS PRIOR TO OPENING:			
	1.	**Expenditures:** *(If any category exceeds 10% of total, provide supplementary schedule including details)*	
		Business purchase price *(provide copy of purchase agreement)*	**$**
		Land	
		Buildings *(include construction, repair, and/or remodel costs)*	
		Property lease payments & deposits	
		Leasehold Improvements	
		Fixtures & equipment	
		Inventory & supplies	
		Prepaid expense *(insurance, etc.)*	
		Legal, accounting & consulting expenses	
		Advertising expense	
		Salary Expense	
		Interest Expense	
		Governmental fees & taxes *(permits, bonds, license fees, and/or taxes paid to government agencies.)*	
		Other Expenses: *(specify)*	
		Total pre-opening funds expended or disbursed: (B)	**$**
C. FUNDS AVAILABLE FOR OPERATIONS PRIOR TO OPENING:			
		Pre Opening Funds Available for Operations: (A) – (B)	**$**

13. **Ownership History**
(Provide a summary of changes in owner's equity in the past five years. Include all capital infusions and distributions. For new investment capital received, provide information regarding the use of the funds received from investors. If there have been no changes in ownership over the past five years, please so state below).

Date of Transaction	Owner's Name & address	Capital amount invested or (withdrawn)	Use of new investment capital

14. Has a tax lien ever been filed against this business by any government agency?
(If yes, provide details on a separate page. Provide any documentation regarding the lien. If the lien has been released, attach copy of the release)

☐ Yes ☐ No

15. Has this business ever filed for bankruptcy protection? *(If yes, furnish details and/or supporting documentation on a separate page)*

☐ Yes ☐ No

16. Does the business own or control any assets or liabilities outside the United States?
(If yes, furnish details and/or supporting documentation on a separate page)

☐ Yes ☐ No

17. Has this business ever filed for and been denied, or withdrawn an application for, a business or professional license in any jurisdiction or has the company ever had a business or professional license that was revoked or suspended? *(If yes, provide details and/or supporting documentation on a separate page.)*

☐ Yes ☐ No

18. If a publicly traded corporation, has this business ever been investigated by the SEC?
(If yes, please provide date, details, and sanctions, if any.)

☐ Not Applicable – Not publicly traded ☐ Yes ☐ No

19. Is this business contingently liable to any other party in a matter that is yet to be resolved?
(If yes, provide a complete description of the matter in which the company is contingently liable, describe the circumstances that would result in establishment of an actual liability, estimate the likelihood of such an event occurring, and provide a high and low estimate of the potential financial exposure).

◯ Yes ◯ No

20. Please ensure that all of the following documents and information are contained within the paperwork submitted with this application. Provide a checklist in the appropriate space below for each item listed:

	Item:	Included	Not Included	Not Applicable
a.	File-stamped articles of incorporation, articles of organization, or partnership agreement, as applicable.	☐	☐	☐
b.	Copy of filings with the Nevada Secretary of State.	☐	☐	☐
c.	Copies of any management or operating agreements.	☐	☐	☐
d.	Management organization chart indicating chain of command for the business.	☐	☐	☐
e.	Minutes of meetings of board of directors, shareholders, members/managers, or partners from the past year, including the most recent meeting.	☐	☐	☐
f.	Title or deed and mortgage statement for business premises or a signed, executed lease agreement.	☐	☐	☐
g.	If business premises are partially owned by this business, provide information regarding each interest held by another person or entity, including interests held under any mortgage, deed of trust, bond, debenture, loan, pledge of stock, voting trust agreement, or other funding or property interest device. Information must include name, address, phone number, and principal occupation of any other individuals sharing an interest in the real property. Lease or other signed agreement evidencing agreement to use of property by part owners must be included.	☐	☐	☐
h.	If company is publicly traded, copy of most recent annual and quarterly filings with the SEC.	☐	☐	☐
i.	Financial statements (audited, if available) for past three years, or since inception if fewer than 3 years. (Summary trial balances or summary general ledgers may be substituted if financial statements are not available).	☐	☐	☐
j.	Cash account activity detail from general ledger and/or check registers for previous 6 months or from first activity.	☐	☐	☐
k.	Copies of bank statements for all bank accounts for previous 3 months.	☐	☐	☐
l.	Income tax returns for the past three years or since inception.	☐	☐	☐

Item:	Included	Not Included	Not Applicable
m. Copies of all notes payable and/or loan agreements.	☐	☐	☐
n. Organizational chart showing ownership relationships of various business entities. List all officers, directors, shareholders, members, managers, or partners for each business entity.	☐	☐	☐
o. Summary of any litigation to which the company was a party over the past year. Include date filed, name and address of court, docket or case number, other parties to suit, nature of suit, date of disposition. Provide copies of all related court documents, including summons, complaint, and motion disposing of each matter.	☐	☐	☐
p. Legal agreements (include purchase and supplier contracts, capital lease or installment purchase agreements, management agreements, etc.) Include both executed, signed agreements and agreements that have been drawn up but that are not yet dated and signed.	☐	☐	☐
q. Summary of any agreements that would result in an ownership share in the company being obtained by another individual or entity (stock subscription agreements, issued stock options, profit sharing plans, etc.).	☐	☐	☐
r. Name, address, and telephone number of external accountant or CPA firm.	☐	☐	☐
s. Name, address, and telephone number of attorney of record.	☐	☐	☐

Please note that additional documents may be required during the investigation

STATEMENT OF TRUTH

STATE OF : _____

COUNTY OF: _____

} ss.

This affidavit is submitted in connection with an application for a _____ license
type of license

submitted to the Clark County Department of Business License by _____,
business name

doing business as _____.
dba

_____, being first duly sworn, deposes and says,
Name of applicant

That I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on the application form and all other forms required to be submitted by me in connection with the business license application for the aforementioned business.

That all statements, forms, questionnaires, supporting schedules, and other related documents supplied to the Clark County Department of Business License, as required in connection with the business license application for the aforementioned business, are correct and true and contain a full account of the information requested, to the best of my knowledge and belief. I have not omitted or otherwise failed to state a material fact.

This statement is executed with the full knowledge that any misrepresentation or failure to reveal information requested by the Clark County Department of Business License may be deemed sufficient cause for refusal of issuance of a license for the aforementioned business. Further, I am aware that later discovery of an omission or misrepresentation made in connection with the application for licensure of the aforementioned business may be grounds for subsequent revocation of such license.

That I am voluntary submitting the application and related forms and documents in connection with licensure of the aforementioned business under oath and with full knowledge that Title 6 of the Clark County Code states that the making of false, misleading, or fraudulent statements with respect to any material fact contained in a business license application shall be grounds for revocation or non-renewal of that license.

That I agree to advise the Clark County Department of Business License of any changes in the financing or investment structure of the aforementioned business that may occur during the tenure of this license.

_____
Applicant's Signature

_____
Name of Business

SUBSCRIBED AND SWORN to me this _____day

of _____, _____.

_____
Notary Public

AUTHORIZATION FOR RELEASE OF INFORMATION AND CLAIMS INDEMNITY

TO: _____,
(Do not write above this line – For Department of Business License Use only)

Submitted to the Clark County Department of Business License in connection with an application for licensure of

_____.
(dba)

NOTE: IF APPLICANT IS MARRIED, THE SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/we understand that I/we am/are applying for a privileged or regulated license from the Department of Business License, in Clark County, Nevada. As such, I/we understand that a full investigation will be made of my/our personal, business, and financial background. I/we acknowledge that the burden of establishing my/our suitability for this business, in accordance with the provisions of the Clark County Code, is solely on me/us. I/we accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss that may result from actions taken with respect to this application. This authorization to release information is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act or other similar legal provisions.

2. I/we hereby authorize and request all persons having information or documents relating to me/us, concerning me/us, or the aforementioned business, to furnish such information to an agent of the Department of Business License, upon request, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. Such agent shall be permitted to review and obtain copies of any records or correspondence pertaining to me/us personally or the aforementioned business.

3. I/we agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

4. Reproduction of this request, by Xerox or similar process, shall be, for all intents and purposes, as valid as the original.

5. In consideration of the assurance by the Department that no action shall be taken on the aforementioned application except after the financial investigation is completed, I/we and any interested third parties that may have an interest, now or in the future, hereby release, remise, and forever discharge the Clark County Department of Business License and its agents and employees, both in their individual and representative capacities, from any and all manner of actions, claims, suits, damages, and debts arising from the investigation.

6. This authorization shall be valid for a period of one full calendar year from date of signature.

IN WITNESS WHEREOF, I/we have executed this form at _____, _____
City State

On the _____ day of _____, _____.

_____ _____
Signature of Applicant or Duly Authorized Representative Signature of applicant's spouse (if applicable)

_____
Name of Business

SUBSCRIBED AND SWORN to me this _____day

of _____, _____. _____

Notary Public in and for the:

STATE OF : _____

COUNTY OF: _____

AFFIDAVIT OF FULL DISCLOSURE

STATE OF : _____

COUNTY OF: _____

ss.

This affidavit is submitted in connection with an application for a _____ license
type of license

submitted to the Clark County Department of Business License by _____,
business name

doing business as _____.
dba

_____, being first duly sworn, deposes and says,
Name of applicant

That, except as reflected on an application filed with the Clark County Department of Business License, he/she is or will be the sole beneficial owner of any direct or indirect interest in the aforementioned business for which he/she has made application to the Clark County Department of Business License, to be licensed or found suitable to own;

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to hold as agent, nominee, or otherwise any direct or indirect interest whatsoever in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability.

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to pay any sums of money or give anything else of value as, including but without limitation, a finder's fee or commission to any person related to the acquisition or sale of any direct or indirect interest whatsoever in or to the aforementioned business for which he/she seeks licensing or a finding of suitability.

That any funds used or to be used, and any liabilities incurred or to be incurred by him/her in the acquisition of any direct or indirect interest in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability were not provided to him/her nor made available to him/her through the efforts of anyone not disclosed to the Clark County Department of Business License.

That, except as reported in writing to the Clark County Department of Business License, no other person has provided collateral for or guaranteed payment of any loans made to him/her related to his/her application for licensing or a finding of suitability.

_____
Applicant's Signature

_____
Name of Business

SUBSCRIBED AND SWORN to me this _____day

of _____, _____.

_____
Notary Public