CLARK COUNTY BUSINESS LICENSE SUPPLEMENT

1. State law requires you to register your business with the Nevada Department of Taxation or, in some cases, to receive an exemption from their requirements.
   Have you satisfied the requirements of the Nevada Department of Taxation? Yes ☐ No ☐

   If you answered yes, please go to question 2. NRS 364A requires all business, corporation, or partnerships operating in Nevada to have a state business license. If you have questions concerning business licensing requirements for the State of Nevada please contact the Nevada Department of Taxation at (702) 486-2300 before applying with Clark County Business License.

2. Is this business owned by a legal entity such as a Corporation, Limited Liability Company, Registered Partnership, etc. and not by an individual(s)? Yes ☐ No ☐ If you answered no, go to question 3.

   2a. Is this company listed on a stock exchange? Yes ☐ No ☐

   2b. Have you filed with the Nevada Secretary of State? Yes ☐ No ☐ The filed name must be listed on the Nevada Business Registration form, line 2. Registered legal entities **must** register with the Nevada Secretary of State, Commercial Filings Division at (702) 486-2880 before a Clark County Business License may be issued.

3. The Federal Welfare Reform Act implemented by the 1997 Nevada Legislature requires that professional and occupational licensing agencies add certain questions regarding child support to all applications.
   Please mark the appropriate response - failure to mark one of the questions will result in the denial of your application.
   ☐ Not subject to a court order for the support of a child

   ☐ Subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

   ☐ Subject to a court order for the support of one or more children and am **NOT** in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

   ☐ This is a Multiple shareholder corporation; or a Non-profit; or a Multiple member limited liability company; or a Registered partnership, registered with the State of Nevada and are therefore exempt. **Please circle the appropriate type:** Multiple shareholder corporation, Non-profit, Multiple member LLC, or Registered partnership.

4. Will you be using a business name other than the one registered with the Nevada Secretary of State, or if not registered, the business owner's legal name? Yes ☐ No ☐ If you answered no, go to question 5.

   4a. Have you filed a Fictitious Firm Name form with the Clark County Clerk's office? Yes ☐ No ☐
   The filed name must be listed on the Nevada Business Registration form, line 5. If your business is using a fictitious firm name, you must file a fictitious firm name form with the Clark County Clerk's Office (702) 671-0523 before a Clark County Business License may be issued.

5. Does your business or profession require a state license? Yes ☐ No ☐ If you answer no, go to question 6.
   If yes, please provide State License Type (doctor, contractor, etc.):
   Professional/State License Number and Classification (must be current and valid):

6. If you are based in a jurisdiction other than Unincorporated Clark County, please provide the name of the jurisdiction (City of Las Vegas, City of Henderson, etc.) and your current valid license number.
   Licensing Jurisdiction:
   License Number:

7. Are you doing business from your home? Yes ☐ No ☐ If you are doing business from your home you must get approval from Clark County Current Planning for a home occupation. Questions concerning approval should be directed to the Clark County Current Planning Department at (702) 455-4314.

8. Are you sharing space with another business? Yes ☐ No ☐ If yes, please provide the name and address of the business.
   Business Name:
   Address:
   City, State, Zip Code:

9. Please provide your email address (not required):

The mailed in application cannot be processed until all these requirements are complete.
I declare under the penalty of perjury that the requirements listed above - to the best of my knowledge and belief - have been completed.

Signature: _____ Social Security Number: _____

Date: _____ Business Name: _____