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/business_license

LEASE INFORMATION

Tenant:	
Address of Tenant:	
Tenant Contact	**Name:** **Phone:** **Email:**
Landlord:	
Address of Landlord:	
Landlord Contact:	**Name**: **Phone:** **Email:**
Premises:	**Address:** **Square footage:**

Under penalty of perjury, I attest that the information contained in this document is true and correct. I also understand that any false, misleading or fraudulent statements with respect to any material fact contained in the business license application and/or supporting documentation may subject me to civil penalties and/or denial of the business license application pursuant to CCC6.04.09(b) & CCC6.04.140.

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Business License Applicant / Tenant **Date**