



CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

(702) 455-4340 • Toll Free: (800) 328-4813

<http://www.clarkcountynv.gov/businesslicense>

Each application for business license shall be accompanied by a **\$45.00 non-refundable application processing fee**
ADDITIONAL FEES APPLY BASED ON LICENSE CATEGORY.

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)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> 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) <i>(Attach additional pages as needed)</i>		Name: Last, First, MI, or Corporation/LLC		Title		
Address Line 1			Address Line 2				
City			State	Zip	% Owned		
C	BUSINESS BASICS and CONTACT INFORMATION						
	Business Location		Location Address Line 1		Location Address Line 2		
			City	State	Zip Code	Country	
			Email Address		Business Phone No.		Business Fax No.
	Mailing Address <i>(If same as location, please indicate "location")</i>		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		<input type="checkbox"/> Owned (If owned proceed to "Describe all business activity" at the top of the next page) <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you purchased a business currently operating in Clark County? Are you requesting a Temporary License?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> If your answer is "Yes" please provide Name of Board:		
	BUSINESS QUESTIONS		
D	Have you registered with the Nevada Secretary of State?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: