



# Department of Business License

VINCENT V. QUEANO

DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

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

## Guidelines for Massage, Reflexology, and/ or Cosmetology Establishment Business License Applications

Massage and Reflexology Establishments include massage businesses, massage establishments and reflexology establishments.

The licensing process will include a criminal background investigation of all owners with 10% or more ownership interest in the business conducted by the Las Vegas Metropolitan Police Department and a financial suitability investigation conducted by the Department of Business License (or, “the Department”). Prior to the completion of the financial suitability investigation, the Department may issue a temporary license to allow the business to operate pending completion of the criminal background investigation(s).

The following instructions are intended to aid in completing the application form and providing required information and documents.

**SUBMIT IN PERSON BY APPOINTMENT. PLEASE PROVIDE THE ORIGINAL APPLICATION FORM AND ALL REQUIRED DOCUMENTATION.**

Upon receipt of the application, documentation and the required fees, the Department will begin processing your application by entering data into our system.

Once all public safety inspections have been performed and the applicable agencies have signed off that the applicant is in compliance with the code and regulations, the Department will schedule a code conference with the applicant to review the requirements and provisions of the Clark County Code that may affect the applicant and the operations of the establishment and/or business.

**NOTICE:** No business may be conducted until a Clark County Business License has been approved and issued by the Department.

If you have any questions, direct them to: [CHAP@ClarkCountyNV.gov](mailto:CHAP@ClarkCountyNV.gov)

### Massage Establishments and/or Businesses and Other Associated Fees\*

The business license fee is based upon services and activities provided. If providing more than one service, multiple licenses may be required.

| Licensing and Associated Services     | NAICS Code | Application Fee | License Fee   |
|---------------------------------------|------------|-----------------|---|
| Massage Establishment or Business     | 812197     | \$45.00         | \$25.00   |
| Reflexology Establishment or Business | 621395     | \$45.00         | \$200.00  |
| Cosmetology Establishment             | 812197     | \$45.00         | \$35.00 first station,<br>\$15.00 each additional station |

*\*These are estimated initial application fees. Renewal fees vary by license category.*

All forms are available for download at:

[https://www.clarkcountynv.gov/business/doing\\_business\\_with\\_clark\\_county/divisions/massage\\_reflexology.php](https://www.clarkcountynv.gov/business/doing_business_with_clark_county/divisions/massage_reflexology.php)



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## MASSAGE AND RELATED ESTABLISHMENT(S) BUSINESS LICENSE APPLICATION REQUIREMENTS

### APPLICATION PACKET *(Please provide copies of all documents upon submission)*

- **ZONING (DETERMINE JURISDICTION AND LAND USE):**  
To confirm if the business address is located within the unincorporated Clark County jurisdiction, the type of business activities permitted by zoning district, and for information regarding online land use application submittals; please visit: <https://www.clarkcountynv.gov/comprehensive-planning/Pages/forms.aspx> or contact a planner at [zoning@clarkcountynv.gov](mailto:zoning@clarkcountynv.gov). Telephone: (702) 455-4314. Provide copy of Special Use Permit Approval.
- **REGISTER/OBTAIN STATE LICENSE WITH THE NEVADA SECRETARY OF STATE:**  
If you are a corporation, limited liability company, limited partnership, or limited-liability partnership, you must file (register) with the Nevada Secretary of State. Please visit the [Nevada Secretary of State's](http://Nevada Secretary of State's website) website for more information. You may apply online at [nvsilverflume.gov](http://nvsilverflume.gov), or apply in person at the Secretary of State located at 2250 N. Las Vegas Blvd, Suite 400 North Las Vegas, NV 89030. Telephone: (702) 486-2880
- **NEVADA DEPARTMENT OF TAXATION:**  
You can now register online by visiting the [Nevada Department of Taxation](http://Nevada Department of Taxation website) website or apply online at [nvsilverflume.gov](http://nvsilverflume.gov). Nevada Department of Taxation is located at 700 E. Warm Springs, 2nd Floor, Las Vegas, NV 89119. Telephone: (702) 486-2300
- **REGISTER YOUR BUSINESS NAME (DBA):**  
Businesses operating under a fictitious firm/doing business as (any name other than the business owner's legal name or the entity name registered with the Nevada Secretary of State) must file for a Fictitious Firm Name certificate with the [Clark County Clerk's](http://Clark County Clerk's Office) Office. Telephone: (702) 455-4431
- **COMPLETE CLARK COUNTY APPLICATION**  
Please list any business affiliations with other Cannabis Establishments for each entity involved.
- **PROVIDE A LETTER OF AUTHORIZATION OR POWER OF ATTORNEY IF APPLYING ON BEHALF OF AN APPLICANT(S)**
- **PROVIDE OPERATING AGREEMENT**
- **COMPLETE TEMPORARY LICENSE REQUEST FORM**
- **PHYSICAL LOCATION REQUIRED:**  
**Proof of right to the business location.** Complete copy of executed lease and the Permitted Use (type of category applied for/business activities) and signed by all parties. Ensure unit or suite number is listed. If applying as an LLC/Corp; Lessee must be listed in the entity name OR if Sole Proprietor/ Individual(s), lessee must be listed in applicant(s) name.
  - *Subleasing:* Include Master Lease; include a formal sublease and ensure all three signatures for approval are signed by all parties.
  - *Landlord owner of property:* Provide deed to the property if owned by license holder. A lease agreement will be required if deed/landlord/owner is leasing to their business as license holder in another entity name.
- **PROVIDE A COPY OF BUSINESS FLOOR PLAN AND SUBMIT ONE (1) EXTRA COPY TO ZONING**  
Must include business name and address, contact name, contact number, email address, and total square feet of business. Label each room with its use or service and the room's square footage.
  - *Adding Massage as a Line of Service to a Cosmetology Establishment:* Requires 75% cosmetology services and 25% massage services or 100% massage services-full floor. A Special Use Permit (SUP) is required for 100% massage services - full floor. Please contact the [Zoning Department](mailto:Zoning Department) for more information regarding the SUP. Contact Zoning at [zoningbl@clarkcountynv.gov](mailto:zoningbl@clarkcountynv.gov).
- **COMPLETE DESIGNATED MANAGER FORM**
  - If applying for Massage Establishment License, include "Designated Manager Form for Massage Establishment or Massage Business Owners", or if applying for Reflexology Establishment License, include a "Reflexology Designated Manager Form"
  - If applying for a Massage Establishment with Reflexology, please include both versions of the Designated Manager Form.
- **PROVIDE PROOF OF PROFESSIONAL LICENSE**
  - **Provide a copy of Professional License held with the State of Nevada Board of Massage Therapy.** Applicable only if owner(s) *will* be performing massage services; OR
  - **Fill out the Application for Massage Establishment Form if applicant/ owner is not a Massage Therapist.** Applicable only if owner(s) *will not* be performing massage services.
- **(if applicable) PROVIDE COPY OF PURCHASE AGREEMENT**  
Applicable only if business was purchased from another party
- **(if applicable) PROVIDE PROOF OF APPLYING WITH THE STATE BOARD OF COSMETOLOGY**  
Proof of applying includes either a Board of Cosmetology letter or email confirmation. If offering cosmetology services, you must provide three (3) types of services and additional fees per service station apply. See "Fee Table" for details.
- **(if applicable) ADDING COSMETOLOGY SERVICES**  
Provide proof of applying with the State Board of Cosmetology. Adding these services requires an additional \$25 application fee and \$35 for the first station, plus \$15 for each additional station. Must provide three (3) types of service.



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## MESSAGE AND RELATED ESTABLISHMENT(S) BUSINESS LICENSE APPLICATION REQUIREMENTS *(continued)*

### FINANCIAL PACKET *(Please provide copies of all documents upon submission)*

- One (1) Original Business Supplemental Questionnaire (BSQ) for the business. *Complete the packet in **black ink**, initial each page.*
  - *Notarize the following sections:* Statement of Truth, Authorization for Release of Information and Claims Indemnity, and Affidavit of Full Disclosure
- One (1) copy of owner's personal tax returns from the last three (3) years; *both personal and business taxes for each owner.*
- One (1) copy of business's bank statements from the last three (3) months, all pages including blank pages; *both personal and business accounts for each owner.*

### METRO PACKET *(Please provide copies of all documents upon submission)*

- Original completed Personal History Form (for each owner); including two (2) original completed Requests for Authorization (per owner).
  - Initial each page, notarize sections, use **black ink** and use ("N/A", Unavailable or Unknown)
- Attach military discharge DD-214; if applicable.
- Attach U.S. Certificate of Naturalization documents, copy of US birth certificate or U.S. Immigration Documents - U.S. Green Card/U.S. Red Card, Employment Authorization (for each owner)
- One (1) copy of owner's active passport (for each owner)
  - *Note:* The requirement *does not apply* if the passport is expired, or if the applicant has never had one.
- One (1) **front & back** copy of Driver's License *(for each owner)*
- Two (2) identical passport sized color photographs *(for each owner)*
- Corporate check(s), cashier's check(s) or money order(s) payable to LVMPD in the amount of \$300.00 *for each owner.* (No personal checks).

### LICENSING FEE TABLES *(Fees due prior to receipt of license by Department, if approved.)*

| Fee Table                          | Massage Establishment | Reflexology Establishment |
|------------------------------------|-----------------------|---------------------------|
|                                    | NAICS Code: 812197    | NAICS Code: 621395        |
| Application Fee:                   | \$45.00               | \$45.00                   |
| Massage Establishment License Fee: | \$25.00               | --                        |
| Reflexology License Fee:           | --                    | \$200.00                  |
| Total Initial Application Cost:    | \$70.00               | \$245.00                  |

| Fee Table                          | Massage Establishment with Reflexology | Massage Establishment with Reflexology and Cosmetology* |
|------------------------------------|--|---|
|                                    | NAICS Code: 621395                     | NAICS Code: 812197                                      |
| Application Fee:                   | \$45.00                                | \$45.00   |
| Massage Establishment License Fee: | \$25.00                                | \$25.00   |
| Added Reflexology License Fee:     | \$200.00                               | \$200.00  |
| Cosmetology Application Fee:       | --                                     | \$25.00   |
| Cosmetology Station #1 Fee:        | --                                     | \$35.00 (required)                                      |
| Cosmetology – Add. Station Fee:    | --                                     | \$15.00 (per station)**                                 |
| Total Initial Application Cost:    | \$270.00                               | \$330.00 (min.)   |

*Please note: All licensing situations above are based on most common license application combinations. Renewal fees will vary by category.*

\*Adding a cosmetology station will add an additional \$15.00 per station to initial application costs.

\*\*Per Station to mean rooms, chairs, et. al wherein a service provider is operating individually within a specified area.



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## MESSAGE AND RELATED ESTABLISHMENT(S) APPLICATION CHECKLIST

*To be used by applicant for the submission of a complete application packet.*

| Check  |     | Pre-Application   |   |   |    |                            |  |  |
|--|-----|---|---|---|----|----------------------------|--|--|
| Inc.   | N/A |   |   |   |    |                            |  |  |
|  |     | Determine land use and jurisdiction of business location  |   |   |    |                            |  |  |
|  |     | Obtain State of Nevada Business License   |   |   |    |                            |  |  |
|  |     | Register with the NV Dept. of Taxation  |   |   |    |                            |  |  |
|  |     | Register your Business Name   |   |   |    |                            |  |  |
| <b>Clark County Business License Application</b>       |     |   |   |   |    |                            |  |  |
|  |     | Clark County Business License Application Form  |   |   |    |                            |  |  |
|  |     | Temporary License Request Form  |   |   |    |                            |  |  |
|  |     | Floor Plan Example; including:  | Total Square Footage of establishment   |   |    |                            |  |  |
|  |     |   | All rooms with labels and square footage  |   |    |                            |  |  |
|  |     |   | (if applicable) total number of stations; include position/ location in establishment |   |    |                            |  |  |
|  |     | Designated Manager Form for Massage Establishment or Massage Business Owners<br><b>OR</b><br>Reflexology Designated Manager Form<br><b>OR</b><br>Both Versions of Designated Manager Form                   |   |   |    |                            |  |  |
|  |     | Copy of Professional License with NV Board of Massage Therapy<br><b>OR</b><br>Application for Massage Establishment (Applicant/Owner is not a Massage Therapist)  |   |   |    |                            |  |  |
|  |     | Included any additional/ conditional supplemental attachments (listed below)  |   |   |    |                            |  |  |
|  |     | Included all application attachments (listed below)   |   |   |    |                            |  |  |
| <b>Additional/ Conditional Supplementals</b>           |     |   |   |   |    |                            |  |  |
|  |     | If adding lines of service for cosmetology, include:  |   | Proof of Application with State Board of Cosmetology          |    |                            |  |  |
| <b>Application Attachments</b>                         |     |   |   |   |    |                            |  |  |
|  |     | Operating Agreement   |   |   |    |                            |  |  |
|  |     | Physical Location<br>(Lease or Deed)  | Deed  | If owned by<br>License Holder                                 | OR | Lease                      | Executed Lease with Entity/ Sole Proprietor/ Individual Name as "Lessee" |  |
|  |     |   |   |   |    |                            | Unit or Suite number (if applicable)                                     |  |
|  |     |   |   |   |    |                            | Permitted Use Type   |  |
|  |     | If business was purchased from another party:   |   |   |    | Copy of Purchase Agreement |  |  |
| <b>Clark County Financial Packet</b>                   |     |   |   |   |    |                            |  |  |
|  |     | Business Supplemental Questionnaire (BSQ)   |   |   |    |                            |  |  |
|  |     | BSQ Notarized Sections  |   | Statement of Truth  |    |                            |  |  |
|  |     |   |   | Authorization for Release of Information and Claims Indemnity |    |                            |  |  |
|  |     |   |   | Affidavit of Full Disclosure                                  |    |                            |  |  |
| <b>Financial Packet Attachments</b>                    |     |   |   |   |    |                            |  |  |
|  |     | Per Owner: Copy of each of the previous three (3) year personal tax returns   |   |   |    |                            |  |  |
|  |     | Per Owner: Copy of each of the previous three (3) year business tax returns   |   |   |    |                            |  |  |
|  |     | Copy of business's previous three (3) month's bank statements   |   |   |    |                            |  |  |
|  |     | Per Owner: Copy of each of the previous three (3) month's personal bank statements (all pages)  |   |   |    |                            |  |  |
|  |     | Per Owner: Copy of each of the previous three (3) month's business account bank statements (all pages)  |   |   |    |                            |  |  |
| <b>Other Department Submissions</b>                    |     |   |   |   |    |                            |  |  |
|  |     | Copy of Floorplan Example (as listed above) submitted to CCNV Zoning  |   |   |    |                            |  |  |
| <b>Las Vegas Metropolitan Police Department Packet</b> |     |   |   |   |    |                            |  |  |
|  |     | Per Owner: Personal History Form  |   |   |    |                            |  |  |
|  |     | Per Owner: Two (2) Requests for Authorization Forms (notarized)   |   |   |    |                            |  |  |
|  |     | Per owner, if owner is a Veteran  |   | Copy of DD-214  |    |                            |  |  |
|  |     | Per Owner:<br>Copy of US Certificate of Naturalization<br><b>OR</b><br>Copy of US birth certificate<br><b>OR</b><br>Copy of US Immigration Documents (US Red Card, US Green Card, Employment Authorization) |   |   |    |                            |  |  |
|  |     | Per owner; only if active and unexpired   |   | Copy of passport  |    |                            |  |  |
|  |     | Per owner: Copy of Driver's License (include front and back)  |   |   |    |                            |  |  |
|  |     | Per owner: two (2) identical passport sized color photographs   |   |   |    |                            |  |  |
|  |     | Payment for LVMPD of \$300.00. (No personal checks.)  |   |   |    |                            |  |  |

*Please note: All requested documentation above is an approximate representation of the minimum documentation necessary to apply for a massage establishment license, to include optional reflexology and cosmetology application requirements. Applications are considered individually, and applicants may be asked to provide additional documentation as needed.*