



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
P.O. BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.clarkcountynv.gov/business_license

REQUEST TO SURRENDER GAMING LICENSE

Date: _____

Business Name: _____

Business Address: _____

City, State and Zip Code: _____

Gaming License Number(s): _____

Surrender of your gaming license can be accomplished by completion of this form. All owners having an equal interest or interest greater than 50% must sign in order for surrender to be valid.

Effective _____ the following individual(s) acknowledge their desire to surrender the above listed Clark County Gaming license(s). Following submission of this request all gaming devices must be disconnected or removed from the premises.

Signature

Print Name and Title

If additional signatures are required, place them on a separate sheet of paper and return with this form.

**Send to: Clark County Business License
Attn: Investigations Division
P.O. 551810
Las Vegas, NV 89155-1810**