



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

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, \$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



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

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

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. 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, 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. 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 for more information regarding the SUP. Contact Zoning at 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.



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

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

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.



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

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

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						
Clark County Business License Application								
		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 OR Reflexology Designated Manager Form OR Both Versions of Designated Manager Form						
		Copy of Professional License with NV Board of Massage Therapy OR 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)						
Additional/ Conditional Supplementals								
		If adding lines of service for cosmetology, include:		Proof of Application with State Board of Cosmetology				
Application Attachments								
		Operating Agreement						
		Physical Location (Lease or Deed)	Deed	If owned by 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			
Clark County Financial Packet								
		Business Supplemental Questionnaire (BSQ)						
		BSQ Notarized Sections	Statement of Truth					
			Authorization for Release of Information and Claims Indemnity (2 copies)					
			Affidavit of Full Disclosure					
Financial Packet Attachments								
		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)						
Other Department Submissions								
		Copy of Floorplan Example (as listed above) submitted to CCNV Zoning						
Las Vegas Metropolitan Police Department Packet								
		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: Copy of US Certificate of Naturalization OR Copy of US birth certificate OR 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.



CLARK COUNTY BUSINESS LICENSE APPLICATION

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

(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

<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	
			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:

Temporary License Request Form

Date: _____

To: The Department of Business License
500 South Grand Central Parkway, 3rd Floor
Las Vegas, Nevada 89155

Re: Purchase of Business
 Regulated application pending LVMPD background approval

Business Name: _____

Business Location Address: _____

Business License Application Number(s): _____

Please consider this my request for a Temporary License in conjunction with my application for the business described above. I affirm that I have submitted a complete application and seek your approval to operate during required inspections and/or any required background checks.

I understand that the Temporary License may be issued while the application process is being completed pursuant to Clark County Code 6.04.070 (a) (b) (c) (d) and 6.04.095 (a) (b) and 6.04.096 (a) (b) and that zoning approval must be granted before a Temporary License can be issued.

Furthermore I acknowledge that required inspections must be completed prior to final business license approval.

Signature of Business Owner

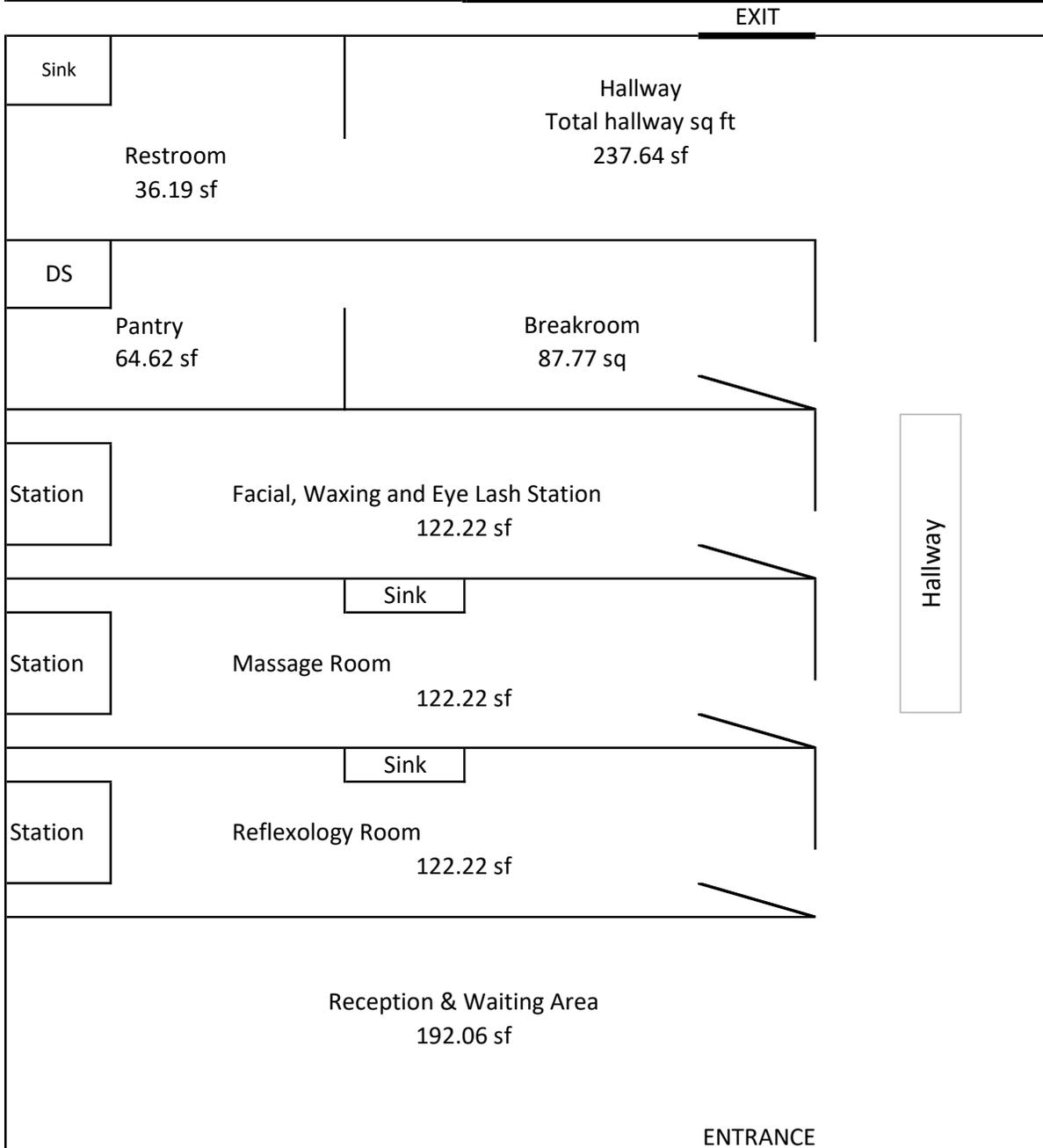
Date

Signed by (Please print name)

FLOOR PLAN EXAMPLE

Business Name:	DBA
Business Address:	1234 Las Vegas Blvd S. Suite 10
Contact Name and Position/Title:	John Doe, Owner
Contact Number:	702-000-0000
Contact Email:	00000@gmail.com

Total Area in Square Feet:	1,000 sq ft
Total Public Area in Square Feet:	847.61 sq ft
Total Number of Stations:	3
If adding Cosmetology Establishment, number of stations/chairs:	(3) chairs
Total Massage Area in Square Feet: If applicable, must not exceed 25% of floor Space as indicated by Zoning.	122.22 sq ft (14.42%)
	Example: 122.22 Massage Area divided by 847.61 Public Area = 14.42%





Department of Business License

VINCENT V. QUEANO
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/businesslicense

Application for Massage Establishment/Massage Business:
Applicant/Owner is Not a Massage Therapist

Business License Number: _____

Business Name: _____

Business Address: _____

Owner/Applicant: _____

I, _____, (each applicant to sign his/her own form if not a massage therapist), have been informed and understand that the license for which I have made application permits me only to own and operate said business. I am prohibited from personally practicing massage at this or any other location in unincorporated Clark County. I do not meet the requirements of Clark County Code to act as a massage therapist. I understand the requirements of Chapter 7.08 of the Clark County Code and further understand that I am not permitted to personally perform massage in unincorporated Clark County until such time as I apply for and receive the appropriate massage therapy work identification card, pursuant to Clark County Code Chapter 7.08. My failure to comply with the provisions of Chapter 7.08 of the Clark County Code may result in a misdemeanor conviction, which is punishable by fine, six months in jail, or both. My failure to comply with the provisions of Chapter 7.08 may result in disciplinary action against my business license.

Signature _____

Date _____

Printed Name _____

State of Nevada
County of Clark

On _____, _____ personally appeared before me, and is the signer of this instrument.

Notary Public _____



Department of Business License

VINCENT V. QUEANO
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/businesslicense>

Personal History Form

Approved for use by Clark County
Department of Business License

Application Instructions:

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION

NOTE: ALL SUBMITTED FORMS BECOME THE PROPERTY OF THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. All hand written answers must be in **BLACK** ink and in block lettering. Illegible applications WILL NOT be accepted.
2. Please **DO NOT SUBMIT THIS FORM ELECTRONICALLY**; this document contains sensitive personal information and is not designed to be secure via e-mail transmission.
3. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
4. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you indicate "Does Not Apply." If there is nothing to disclose, indicate "None." Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
5. Signatures and initials must be made in **BLACK** ink.
6. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
7. Additional information may be required by the Clark County Department of Business License or the Metro Police Investigator. Failure to provide the requested documents in a timely manner could result in denial of your application.
8. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned and the LVMPD does not make copies of any documents relating to the application. The applicant is advised to make copies before submitting the application.
9. **IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.**

BE SURE TO:

- A. Attach a recent (within the past 6 months) **passport size color photograph** of yourself.
- B. **Sign and notarize** all applicable forms and pages.
- C. **Initial** each page.
- D. Include all required **attachments**.
- E. Retain a **copy** of the application for your records
- F. Read, initial and sign **TWO (2) copies of the Authorization to Release Information**.
- G. Provide a **copy** of your driver's license or state issued identification card.
- H. Provide a **certified copy** of your Birth Certificate or **copy** of Certification of Birth Abroad.

Personal History Form

Date form completed

License Type

Name: Last *(includes Sr., Jr., Etc., if applicable)*

First

Middle

Mailing Address *(number and street)*

Apt. #

City/Town

State/Province

Zip/Postal Code

Home Address *(if different from mailing address)*

Apt. #

City/Town

State/Province

Zip/Postal Code

Present Business Address *(number and street)*

Suite#

City/Town

State/Province

Zip/Postal Code

Home Telephone Number

Present Business Telephone Number

Cell/Mobile Telephone Number

Date of Birth

Social Security Number

Email Contact

Sex

Eye Color

Hair Color

Height

Weight

1. Have you ever been known by any other name or names?

Yes

No

If yes, list the additional names below and specify dates of use for each (include maiden name, aliases, nicknames, American name, other name changes, legal or otherwise)

2. Place of Birth

3. Are you a US Citizen?

Yes

No

If registered alien, list number

If naturalized, list certificate number

**ATTACH A COPY OF ALIEN REGISTRATION/
NATURALIZATION**

Date of Naturalization

Port of Entry

Date of Entry

Of what country are you a citizen?

4. Have you ever been issued a passport?

Yes

No

If yes, please complete the table below:

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

5. What is your current marital status?

Married/Civil Union Single Divorced Engaged Legally Separated Widow/Widower

5a. Provide the following information regarding your current marriage and spouse:

Name of Spouse		Current Address		Telephone Number	Spouse's Occupation
Social Security Number	Date of Birth	Place of Birth		Date of Marriage	Where Married

6. Do you have any previous marriages? Yes No 6a. How many times have you been married?

Name of Former Spouse		Present Address and Phone		Date of Birth
Date and Place of Marriage		Date and Location of Annulment, Separation, or Divorce		Docket/Case # of Divorce Action

Name of Former Spouse		Present Address and Phone		Date of Birth
Date and Place of Marriage		Date and Location of Annulment, Separation, or Divorce		Docket/Case # of Divorce Action

7. Do you have any children? Yes No 7a. How many children do you have?

Name	Date of Birth	Birthplace	Current Address	Supported By

8. List names, residence address, dates of birth and most recent occupations of parents, parents-in-law or legal guardian. If deceased, please note.

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

9. Do you have any brothers, sisters, and do they have respective spouses? **O Yes O No**

Name (include Maiden)	Relation	Date of Birth	Current Address	Phone Number	Occupation
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				

10. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived for the past 10 years (including residences while attending college or while in military service). You do NOT need to list any addresses prior to age 18.

Date – From/To	Address	City/Town	County	State/ Province	Country	Zip/Postal Code

11. Beginning with secondary school (high school), provide the information below with respect to each school, college, graduate, or post-graduate school you have attended.

Dates – From/To	Name and Address of School, Training Program, etc.	Description of Education Program	List any Degree or Certification Attained	Graduated
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Beginning with your present job and working backward, provide the following information in regards to each place you have worked for the past 10 years. You do NOT need to list any information prior to age 18. Include all part-time and full-time employment and military service. Give dates of any unemployment between jobs in proper sequence. You may also attach a copy of your "Work History" form that is available from the Social Security Administration detailing your employment history. If you choose this option, you must also provide the additional required information referenced in Questions 12a and 12b either on this form or as an attachment.

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

With regard to the previously listed employment:

12a. Were you ever discharged, suspended, or asked to resign from employment? Yes No

12b. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes No

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

13. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least three (3) years and can attest to your good character and reputation. No person can be a reference who is a member of your family (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law, whether by whole or half blood, by marriage, adoption or natural relationship). No person can be a reference who is a current employer, employee or business associate.

Reference One: Name Telephone No. Occupation Yrs known

Address Business Address

Reference Two: Name Telephone No. Occupation Yrs known

Address Business Address

Reference Three: Name Telephone No. Occupation Yrs known

Address Business Address

14. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? O Yes O No
If you answer yes to this question, see instructions below...

Country of Service	Branch of Service	Service Serial #	Highest Rank Held

Period(s) of Active Service: From/To	Date of Each Discharge/Separation	Type of Discharge(s)

Attach a copy of your DD214 if you answer yes to this question. If that is unavailable, attach a copy of the appropriate branch of the military requesting a copy of your DD214. If in reserves, attach a copy of your discharge papers. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

14a. Have you been tried by military court-martial or have you had any charges filed against you while in the military? O Yes O No
This means any charges filed against you under article 15 of the Uniform Code of Military Justice (*Summary Court, Deck Court, Captain's Mast, Company Punishment, etc.*)

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization that filed charges	Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.)	Sentence

The next question asks about arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

For purposes of the question:

“**ARRESTS**” include any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”

“**CHARGE**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”

“**OFFENSE**” is all crimes to include: felonies, gross misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probations or any other court order.

“**CITATION**” is an official summons to appear.

Instructions: Answer “yes” and provide all information to the best of your ability even if:

- You did not commit the offense charged.
- The charges were dismissed or subsequently downgraded to a lesser charge.
- You completed a pretrial intervention or equivalent diversionary program in other jurisdictions.
- You were not convicted.
- You did not serve any time in prison or jail.
- The charges or offenses happened a long time ago.

15. Have you ever been arrested or issued a citation, excluding traffic related offenses such as speeding, in any jurisdiction? O Yes O No

Nature of Charge or Offense/Location where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence

16. Have you ever been called to testify, or otherwise participated in a hearing or proceeding, before any Licensing Agency, Grand Jury, Federal Board, or Commission for any reason whatsoever? O Yes O No

Name of Licensing Agency/or Commission	Date(s) of Appearance(s)	Nature of Hearing	Was Testimony Given?

17. List all current motor vehicle drivers' licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc) issued to you in any jurisdiction below:

Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

18. Have you ever made application for, or held, any professional or occupational license, permit, or certification in any jurisdiction, including, but not limited to the following: Real Estate Broker or Salesman, Accountant, Attorney, Medical, Boxing Promoter, Manager or Matchmaker, Race Horse Owner, Trainer, Manager, Jockey, Race Dog Owner, Securities Dealer, Contractor, Pilot, Insurance, or any other type of professional license? [Do NOT include Alcoholic Beverage or Driver's License.](#) Yes No
You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn, or is currently pending.

Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application
Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application

19. Have you made application for or held a license, permit, registration, finding of suitability, qualification, or other authorization to participate in any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutual operation, lottery, sports betting, internet gaming, etc., or alcoholic beverage operation in any jurisdiction? Yes No
You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the agency for any reason, withdrawn, or is currently pending.

Name & Address of Licensing Agency/Organization (including Country, State/Province, County or Municipality or Town)	Type of License, Permit, Approval, or Registration	Date of Application	Disposition (Granted, Denied, or Pending, etc.)	License, Permit, Approval or Registration Number

20. Have any of the licenses, permits, or certifications applied for or held by you as identified in the previous questions ever been denied, suspended, revoked, or subject to any conditions in any jurisdictions? Yes No

Type of License, Permit, or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

21. Have you ever held a financial interest in a gambling venture, including race track, race horse, or race dog, lottery, casino, bookmaking operation, or pari-mutual outside the State of Nevada? Yes No

Provide details below

22. Have you ever been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation? Yes No

Governmental Agency/Organization	Nature of Charge	Date	Disposition

23. Have you ever been barred, trespassed, or otherwise excluded, for any reason other than for the denial, suspension or revocation of a license or registration from any form or type of casino or gaming/gambling related operation in any jurisdiction? Check "Yes" even if the disbarment or exclusion is no longer in effect or has been lifted. Yes No

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

24. Have you (as an individual, member of a partnership, or owner, director or officer of a corporation) or your spouse been party to a lawsuit, either as a plaintiff or defendant? This includes matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bank matters, bankruptcies, etc. Yes No

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit
Nature of Suit		Disposition	Date of Disposition

25. Have any individual, local, city, county, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? Yes No

Nature of Debt	When Filed	Where Filed	Current Status

26. Have you, as an individual, or any business entity in which you have been involved with filed any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? (If yes, attach copy of Discharge) Yes No

Date Filed	Docket/Case No.	Name and Address of Court	Name & Address of Filing Party	Name & Address of Trustee

27. Will you have any type of slot machines/gaming devices in your establishment that are not owned by you? (If yes, attach copy of Participation Agreement) Yes No

Name	Address.	Telephone No.	Contact Person	Date of Agreement

28. Are you currently indebted to a gaming establishment?

O Yes O No

Provide details below

29. Do you intend to actively participate in the operation of the business for which this license is desired?

O Yes O No

State position/reason below

30. Is entertainment to be used in this establishment?

O Yes O No

Provide details below

31. Did another individual complete this application on your behalf?

O Yes O No

Name	Date of Birth	Social Security Number	Address	Telephone No.,

31a. Explain affiliation of this individual and reason this application was completed on your behalf (i.e. language, legal, etc.)

DOCUMENT ATTACHMENT - REVIEW SECTION

Please review your answers to all questions carefully and attach items as requested/needed. Additional items may be requested by staff on a case-by-case basis.

STATEMENT OF TRUTH AND ACKNOWLEDGMENTS

I, _____, being duly sworn, say that I have read the foregoing Regulated License Application Personal History Form and know the contents thereof, and that the same are true; that the same contains a full and true account of the information requested; and that I executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the full knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue and/or revocation of the (remove comma) license applied for and should the license applied for be granted, I will abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

Further, I attest that:

- 1. I am the applicant who is submitting this application form.
- 2. I personally supplied the information contained in this form.
- 3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
- 4. Any document accompanying this form that is not an original document is a certified copy of the original document.
- 5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, or misleading they will be documented and could result in denial of suitability for licensing.
- 6. I understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.
- 7. I agree to provide and disclose any information that reasonably relates to this application, the applicants qualifications, acceptability or fitness for an approval for suitability or for the requested license.
- 8. I agree to be fingerprinted and photographed.

I do hereby agree that Clark County Department of Business License may obtain information from my past and present employers, criminal justice agencies, financial institutions, Federal, State and local government agencies and other persons and entities and agree to release such information to Clark County Department of Business License for use in connection with this application.

I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge Clark County Department of Business License, its agents and employees from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against Clark County Department of Business License or its agents or employees, arising out of its use of the information provided in this application or discovered during any investigation thereof.

I do hereby certify that I have read and understand the _____ ordinance, and will abide by it in its entirety or any amendments thereto, and furthermore certify that, if this application is approved and a license issued, it will be accepted by me, subject to the terms and provisions of the applicable ordinance and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the licensing authority; and I acknowledge the power of authority of the licensing authorities or other authorized representative to enter any store or business establishment wherein the licensed business or operation is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance, examination of its books of account, or to determine the true parties of interest, including any person(s) having an ownership interest in the licensed premises, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

State of _____

County of _____

Signature of Applicant

Signed and Sworn to or Affirmed to
before me this _____ day

of _____, 20____ by _____

Signature of Notarial Officer

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME: _____

FROM: LAS VEGAS METROPOLITAN POLICE DEPARTMENT

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from the Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by the Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.
5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.
6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:
 - (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented;
 - (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.
7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.
9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
10. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.
11. _____ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.
12. _____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).
13. _____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I hereby execute this request at **Las Vegas, Nevada.**

Print Name

Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this _____ day

of _____, 20____ by _____

Signature of Notarial Officer

Signature of the Las Vegas Metropolitan Police
Department Officer presenting this Request

Date: _____

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME: _____

FROM: Clark County Department of Business License

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.
5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.
6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:
 - (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented;
 - (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.
7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.
9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
10. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.
11. _____ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.
12. _____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).
13. _____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I hereby execute this request at **Las Vegas, Nevada.**

Print Name

Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this _____ day

of _____, 20____ by _____

Signature of Notarial Officer

Signature of the Las Vegas Metropolitan Police
Department Officer presenting this Request

Date: _____



**CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE
PRIVILEGED/REGULATED
BUSINESS SUPPLEMENTAL QUESTIONNAIRE (BSQ)**
(FORM TO BE FILED IN DUPLICATE)

Notice to Applicants: Please read this form carefully and furnish all related documents. **Answers must be complete and truthful. Do not leave any spaces blank. Answer "N/A" to any question that is not applicable. Failure to properly complete the form and provide required accompanying documents could result in a delay processing the application or in a denial of the license.**
The Department reserves the right to request additional documents as necessary in order to conduct its background investigation.

Name of Applicant (Operating Entity) _____ DBA (Business Name As it should appear on license) _____

Business Address (Number & Street Name) _____ City _____ State _____ Zip Code _____ Business Telephone (with area code) _____

Mailing Address (Number & Street Name) _____ City _____ State _____ Zip Code _____

Name of Company Representative _____ Title _____ Business Telephone (with area code) _____

1. Type of license applied for: _____

2. Type of Organization: Corporation Partnership Sole Proprietor LLC Other _____

3. Organized under the laws of which state? _____ When? _____

4. Qualified to do business in Nevada? Yes No Date filed in Nevada: _____

5. Name of Corporate Resident Agent: _____ Phone: _____

Address: _____

6. Name of owner(s) of property where business will be conducted: _____

Address of Property Owner: _____

7. Does property owner have an ownership share in the business? Yes (_____ %) No

8. Will property owner share in profits of the business or otherwise participate in operations?
(If yes, please provide details on a separate sheet). Yes No

9. Has this business entered into any agreement that could result in a transfer, pledging, or encumbrance of an ownership share in the future or does the company intend to enter into such an agreement in the future?
 Yes No

10. Ownership

(Provide information for all individuals or entities that have an ownership share in this business. The form must account for 100% of the capital invested in this business. If additional space is required, please use additional form. For LLCs, limited partnerships, or publicly traded corporations with numerous minor investors, individual ownership interests of less than 1% may be grouped as one line item, provided an explanation is supplied below. Use additional sheet as necessary. Provide stock certificate or other legal proof of ownership for each entity or individual listed below).

Name & Title of Owner	Address & Telephone	Ownership Percentage	Amount
Total Capital Invested:		100%	

11. Officers and Key Personnel

(Provide information regarding all key personnel involved in the business, including all Corporate Officers, Managing Partners, Managers in LLC, etc. Individuals having significant management authority or decision-making roles in the operation of the business must be included regardless of title. Include any individual having the authority to hire or fire employees, obtain credit or take out loans, or enter into contracts and/or sign agreements on behalf of the business.)

Name	Title	Address	Phone

12. Statement of Pre-Opening Cash & Expenditures

The following schedule must be completed by all companies that are three or fewer years old.

A. FUNDS AVAILABLE PRIOR TO OPENING:		
1.	Capital Investments <i>(must agree to total of #10 above)</i>	\$
2.	Loans from Institutions <i>(provide copies of all loan agreements)</i>	
3	Loans from individuals and business entities <i>(provide copies of all loan agreements)</i>	
4.	Other Funds <i>(on lines below, specify source and provide documentation)</i>	
Total pre-opening funds before expenditures: (A)		\$
B. EXPENDITURES & OTHER DISPOSITION OF FUNDS PRIOR TO OPENING:		
1.	Expenditures: <i>(If any category exceeds 10% of total, provide supplementary schedule including details)</i>	
	Business purchase price <i>(provide copy of purchase agreement)</i>	\$
	Land	
	Buildings <i>(include construction, repair, and/or remodel costs)</i>	
	Property lease payments & deposits	
	Leasehold Improvements	
	Fixtures & equipment	
	Inventory & supplies	
	Prepaid expense <i>(insurance, etc.)</i>	
	Legal, accounting & consulting expenses	
	Advertising expense	
	Salary Expense	
	Interest Expense	
	Governmental fees & taxes <i>(permits, bonds, license fees, and/or taxes paid to government agencies.)</i>	
	Other Expenses: <i>(specify)</i>	
Total pre-opening funds expended or disbursed: (B)		\$
C. FUNDS AVAILABLE FOR OPERATIONS PRIOR TO OPENING:		
Pre Opening Funds Available for Operations: (A) – (B)		\$

13. Ownership History

(Provide a summary of changes in owner's equity in the past five years. Include all capital infusions and distributions. For new investment capital received, provide information regarding the use of the funds received from investors. If there have been no changes in ownership over the past five years, please so state below).

Date of Transaction	Owner's Name & address	Capital amount invested or (withdrawn)	Use of new investment capital

14. Has a tax lien ever been filed against this business by any government agency?
(If yes, provide details on a separate page. Provide any documentation regarding the lien. If the lien has been released, attach copy of the release)

Yes No

15. Has this business ever filed for bankruptcy protection? *(If yes, furnish details and/or supporting documentation on a separate page)*

Yes No

16. Does the business own or control any assets or liabilities outside the United States?
(If yes, furnish details and/or supporting documentation on a separate page)

Yes No

17. Has this business ever filed for and been denied, or withdrawn an application for, a business or professional license in any jurisdiction or has the company ever had a business or professional license that was revoked or suspended? *(If yes, provide details and/or supporting documentation on a separate page.)*

Yes No

18. If a publicly traded corporation, has this business ever been investigated by the SEC?
(If yes, please provide date, details, and sanctions, if any.)

Not Applicable – Not publicly traded Yes No

19. Is this business contingently liable to any other party in a matter that is yet to be resolved?
(If yes, provide a complete description of the matter in which the company is contingently liable, describe the circumstances that would result in establishment of an actual liability, estimate the likelihood of such an event occurring, and provide a high and low estimate of the potential financial exposure).

Yes

No

20. Please ensure that all of the following documents and information are contained within the paperwork submitted with this application. Provide a checklist in the appropriate space below for each item listed:

Item:	Included	Not Included	Not Applicable
a. File-stamped articles of incorporation, articles of organization, or partnership agreement, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Copy of filings with the Nevada Secretary of State.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Copies of any management or operating agreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Management organization chart indicating chain of command for the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Minutes of meetings of board of directors, shareholders, members/managers, or partners from the past year, including the most recent meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Title or deed and mortgage statement for business premises or a signed, executed lease agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If business premises are partially owned by this business, provide information regarding each interest held by another person or entity, including interests held under any mortgage, deed of trust, bond, debenture, loan, pledge of stock, voting trust agreement, or other funding or property interest device. Information must include name, address, phone number, and principal occupation of any other individuals sharing an interest in the real property. Lease or other signed agreement evidencing agreement to use of property by part owners must be included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If company is publicly traded, copy of most recent annual and quarterly filings with the SEC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Financial statements (audited, if available) for past three years, or since inception if fewer than 3 years. (Summary trial balances or summary general ledgers may be substituted if financial statements are not available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Cash account activity detail from general ledger and/or check registers for previous 6 months or from first activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Copies of bank statements for all bank accounts for previous 3 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Income tax returns for the past three years or since inception.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item:	Included	Not Included	Not Applicable
m. Copies of all notes payable and/or loan agreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Organizational chart showing ownership relationships of various business entities. List all officers, directors, shareholders, members, managers, or partners for each business entity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Summary of any litigation to which the company was a party over the past year. Include date filed, name and address of court, docket or case number, other parties to suit, nature of suit, date of disposition. Provide copies of all related court documents, including summons, complaint, and motion disposing of each matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Legal agreements (include purchase and supplier contracts, capital lease or installment purchase agreements, management agreements, etc.) Include both executed, signed agreements and agreements that have been drawn up but that are not yet dated and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Summary of any agreements that would result in an ownership share in the company being obtained by another individual or entity (stock subscription agreements, issued stock options, profit sharing plans, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Name, address, and telephone number of external accountant or CPA firm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Name, address, and telephone number of attorney of record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that additional documents may be required during the investigation

STATEMENT OF TRUTH

STATE OF : _____

COUNTY OF: _____



ss.

This affidavit is submitted in connection with an application for a _____ license
submitted to the Clark County Department of Business License by _____,
doing business as _____.

type of license

business name

dba

_____, being first duly sworn, deposes and says,

Name of applicant

That I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on the application form and all other forms required to be submitted by me in connection with the business license application for the aforementioned business.

That all statements, forms, questionnaires, supporting schedules, and other related documents supplied to the Clark County Department of Business License, as required in connection with the business license application for the aforementioned business, are correct and true and contain a full account of the information requested, to the best of my knowledge and belief. I have not omitted or otherwise failed to state a material fact.

This statement is executed with the full knowledge that any misrepresentation or failure to reveal information requested by the Clark County Department of Business License may be deemed sufficient cause for refusal of issuance of a license for the aforementioned business. Further, I am aware that later discovery of an omission or misrepresentation made in connection with the application for licensure of the aforementioned business may be grounds for subsequent revocation of such license.

That I am voluntary submitting the application and related forms and documents in connection with licensure of the aforementioned business under oath and with full knowledge that Title 6 of the Clark County Code states that the making of false, misleading, or fraudulent statements with respect to any material fact contained in a business license application shall be grounds for revocation or non-renewal of that license.

That I agree to advise the Clark County Department of Business License of any changes in the financing or investment structure of the aforementioned business that may occur during the tenure of this license.

Applicant's Signature

Name of Business

SUBSCRIBED AND SWORN to me this _____ day
of _____, _____.

Notary Public

AUTHORIZATION FOR RELEASE OF INFORMATION AND CLAIMS INDEMNITY

TO: _____,
(Do not write above this line – For Department of Business License Use only)

Submitted to the Clark County Department of Business License in connection with an application for licensure of

(dba)

NOTE: IF APPLICANT IS MARRIED, THE SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/we understand that I/we am/are applying for a privileged or regulated license from the Department of Business License, in Clark County, Nevada. As such, I/we understand that a full investigation will be made of my/our personal, business, and financial background. I/we acknowledge that the burden of establishing my/our suitability for this business, in accordance with the provisions of the Clark County Code, is solely on me/us. I/we accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss that may result from actions taken with respect to this application. This authorization to release information is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act or other similar legal provisions.
2. I/we hereby authorize and request all persons having information or documents relating to me/us, concerning me/us, or the aforementioned business, to furnish such information to an agent of the Department of Business License, upon request, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. Such agent shall be permitted to review and obtain copies of any records or correspondence pertaining to me/us personally or the aforementioned business.
3. I/we agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
4. Reproduction of this request, by Xerox or similar process, shall be, for all intents and purposes, as valid as the original.
5. In consideration of the assurance by the Department that no action shall be taken on the aforementioned application except after the financial investigation is completed, I/we and any interested third parties that may have an interest, now or in the future, hereby release, remise, and forever discharge the Clark County Department of Business License and its agents and employees, both in their individual and representative capacities, from any and all manner of actions, claims, suits, damages, and debts arising from the investigation.
6. This authorization shall be valid for a period of one full calendar year from date of signature.

IN WITNESS WHEREOF, I/we have executed this form at _____, _____
City State

On the _____ day of _____,

Signature of Applicant or Duly Authorized Representative

Signature of applicant's spouse (if applicable)

Name of Business

SUBSCRIBED AND SWORN to me this _____ day
of _____.

Notary Public in and for the:
STATE OF : _____
COUNTY OF: _____

AFFIDAVIT OF FULL DISCLOSURE

STATE OF : _____

COUNTY OF: _____



ss.

This affidavit is submitted in connection with an application for a _____ license
submitted to the Clark County Department of Business License by _____,
doing business as _____.

type of license

business name

dba

_____, being first duly sworn, deposes and says,
Name of applicant

That, except as reflected on an application filed with the Clark County Department of Business License, he/she is or will be the sole beneficial owner of any direct or indirect interest in the aforementioned business for which he/she has made application to the Clark County Department of Business License, to be licensed or found suitable to own;

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to hold as agent, nominee, or otherwise any direct or indirect interest whatsoever in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability.

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to pay any sums of money or give anything else of value as, including but without limitation, a finder's fee or commission to any person related to the acquisition or sale of any direct or indirect interest whatsoever in or to the aforementioned business for which he/she seeks licensing or a finding of suitability.

That any funds used or to be used, and any liabilities incurred or to be incurred by him/her in the acquisition of any direct or indirect interest in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability were not provided to him/her nor made available to him/her through the efforts of anyone not disclosed to the Clark County Department of Business License.

That, except as reported in writing to the Clark County Department of Business License, no other person has provided collateral for or guaranteed payment of any loans made to him/her related to his/her application for licensing or a finding of suitability.

Applicant's Signature

Name of Business

SUBSCRIBED AND SWORN to me this _____ day

of _____, _____.

Notary Public