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## Department of Business License

VINCENT V. QUEANO

DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4340

(800) 328-4813

FAX (702) 386-2168

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

### CHECKLIST FOR APPLICATION FOR CHANGE OF BUSINESS LICENSE

Sections 6.04.070, 6.04.071, 6.04.072, 6.04.073, 6.04.074, 6.04.075, and 6.04.076 of the Clark County Code, provide guidelines for changes to existing business licenses, i.e., adding licenses or lines of service, changes to location, name, mailing address, officer changes and ownership changes of 99% or less. **(Note: Ownership changes of 100% will require a new application.)**

- I. All changes require the following:
  1. A current mailing address and phone number is required for **all** change applications. If this section is not completed, we may return your change request without processing it. *(We will forward ALL correspondence to your location address in the absence of a current mailing address.)*
  2. The **Application for Change of Business License** form must be completed and signed by an owner or officer of the business.
  3. A fee of \$25 will be charged for **each change on each license**. Payment can be made by cash, check, or money order made payable to: Clark County Department of Business License.
    - a. If renewing your license **at the same time**, please provide a separate check or money order for the license renewal fees and the change request fees.
  4. Additional documents may be required for Regulated or Liquor & Gaming licenses.  
Regulated Information: Email [Chap@ClarkCountyNV.gov](mailto:Chap@ClarkCountyNV.gov) or call (702) 455-4340  
Liquor and Gaming Information: Email [BLliquorandgaming@ClarkCountyNV.gov](mailto:BLliquorandgaming@ClarkCountyNV.gov) or call (702) 455-4125
- II. Business Name Change and/or Location Change
  1. Business Name Change:
    - a. A file stamped copy of the Fictitious Firm Name (DBA) from the Clark County Clerk's office, or a file stamped copy of the Amended Name Change articles filed with the Nevada Secretary of State.
  2. Business Location Change:
    1. Preliminary Land Use review:  
Clark County Comprehensive Planning: Email [zoning@clarkcountynv.gov](mailto:zoning@clarkcountynv.gov) or call (702) 455-4314, Option #2, Option #1.
    2. One of the following Proof of Rights to the business physical location:
      - a. Lease or Rent: If you are leasing or renting a location, a signed Lease Information form must be completed; or
      - b. Sharing Space: A signed Letter of Authorization from lessee, business owner or officer; or
      - c. Property Ownership: A copy of the deed, mortgage agreement, bill of sales; or
      - d. Other Jurisdiction: If the new location is in a jurisdiction other than Unincorporated Clark County, provide a copy of the approved business license with the current address from that jurisdiction.
    3. You are required to pass a fire inspection before your Business License can be issued.
- III. Business Owner/Officer Change:
  - A. Business Owner Change (adding or deleting an Owner of 99% or less ownership):
    1. A notarized letter signed by an owner is acceptable;
    2. A complete list of owners and ownership percentages is required per Clark County Code;
    3. A stamped copy of the Resolution or Minutes filed with Nevada Secretary of State is acceptable;
    4. A stamped copy of the new DBA filed with the Clark County Clerk's office is acceptable; and
    5. For an owner's name change, a copy of the file stamped marriage or divorce decree is acceptable.
  - B. Business Officer Change:
    1. Submit documentation of new officer(s) or the Amended Resolution filed with the Nevada Secretary of State.
- IV. Adding a license or line of service:

Submit the completed change form and fees required. See a list of business license fees at: [List of License Categories and Fees](#)

**\* INCOMPLETE DOCUMENTATION WILL BE RETURNED \***



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**APPLICATION FOR CHANGE OF BUSINESS LICENSE**

*Please complete all areas that are applicable. For multiple licenses please include \$25.00 for each change on each license.*

Check all that apply below and provide license number(s):

- Change of Business Name - *\$25 Fee*
- Change of Business Location/Address - *\$25 Fee*
- Change of Business Mailing Address - *No Charge*
- Change of Business Owners - *\$25 Fee*
- Change of Business Officers - *No Charge*
- Adding a license or line of service - *\$25 Fee plus applicable initial license fees*

*The business name, location and/or ownership with the appropriate state and local agencies must be updated.*

**CHANGE OF BUSINESS NAME AND/OR CHANGE OF ADDRESS**

Current Business Name <i>(required)</i> :		New Business Name <i>(required if changed)</i> :	
Current Business Address <i>(required)</i> :	Suite/Unit:	New Business Address <i>(required if changed)</i> :	Suite/Unit:
City/State	Zip Code	City/State	Zip Code
Current Business Mailing Address <i>(required)</i> :	Suite/Unit:	New Business Mailing Address <i>(required if changed)</i> :	Suite/Unit:
City/State	Zip Code	City/State	Zip Code

**CHANGE OF BUSINESS OWNERS or OFFICERS (attach additional list as needed)**

*Changes of business ownership of 100% require a new license. A new business license application package will need to be submitted.*

**Current Ownership**

Current Owner/Officer Name: (First, M.I., Last)		Current Owner/Officer Name: (First, M.I., Last)	
Percentage of Ownership %	Previous Officer Title	Percentage of Ownership %	Previous Officer Title
Address	Suite/Unit:	Address	Suite/Unit:
City/State	Zip Code	City/State	Zip Code

**New Ownership**

New Owner/Officer Name: (First, M.I., Last)		New Owner/Officer Name: (First, M.I., Last)	
Percentage of Ownership %	New Officer Title	Percentage of Ownership %	New Officer Title
Address	Suite/Unit:	Address	Suite/Unit:
City/State	Zip Code	City/State	Zip Code

**ADDING A LICENSE OR LINE OF SERVICE**

*Provide the license category you wish to add or describe the new activities to be added to your license as a line of service*

**SIGNATURES (requires signatures of owner, officer, authorized or legal signer)**

Signed Name:	Print Name:	Date:
Signed Name:	Print Name:	Date:
Clark County Business License Number <i>(required)</i> :	Email Address <i>(required)</i> :	Contact Telephone # <i>(required)</i> :



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## Comprehensive Planning Department

All location changes require land use pre-approval from the Department of Comprehensive Planning. 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 [Comprehensive Planning](#). For more information, you can email them at [zoning@clarkcountynv.gov](mailto:zoning@clarkcountynv.gov) or contact a planner by phone at (702) 455-4314.

## Fire Department Inspections for Business License

The Fire Department will contact you approximately two weeks after your application is processed to schedule your inspection. You may contact Fire Prevention at 702-455-7316 for more information about the inspection process and applicable fees.

## Regulated or Liquor & Gaming licenses:

Proof of rights to the business location will require a fully completed and executed lease agreement that includes the permitted use (type of category applied for/business activities) and is signed by all parties involved. Please make sure that the unit or suite number is clearly listed. If you are applying as an LLC/Corp, the lessee must be listed in the entity name. If you are a Sole Proprietor, the lessee must be listed in the applicant(s) name.

*Note: Please include state and local agency updates when applicable.*

### GENERAL LICENSE LEASE INFORMATION

Home Occupations do not require a lease, but please include relevant information below.

Tenant Name:	
Tenant Address:	
Tenant Contact Telephone #:	
Tenant Business Telephone #:	
Tenant Email Address:	
Landlord Name:	
Landlord Address:	
Landlord Contact Telephone #:	
Landlord Email Address:	
Premises Square Footage:	

- Yes  No Is the new location a home occupation?
- Yes  No Is the new location sharing space with another business? If yes, please provide a sharing space letter.
- Yes  No Is this a license hang with a postal location? If yes, please provide a letter of authorization to hang your license (*we do not accept P.O. Box agreements*).

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

\_\_\_\_\_  
Business License Applicant / Tenant

\_\_\_\_\_  
Date