

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)