



# 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.**

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.

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A	<b>BUSINESS INFORMATION</b>		<b>Fictitious Firm Name</b>		<b>Classification or Category</b>		
	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).</b>							
B	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		
<b>BUSINESS BASICS and CONTACT INFORMATION</b>							
C	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	Auth. Contact MI	
			Email address		Primary Phone	Cell Phone	
	Business Location Information		<input type="checkbox"/> Owned (If owned proceed to <b>"Describe all business activity"</b> 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		

<b>C</b>	<b>Describe all Business Activity:</b>		
	<b>Date your business started at this location:</b>		
	<b>Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Have you purchased a business currently operating in Clark County?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are you requesting a Temporary License?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION</b>		
	<b>Date Business Purchased:</b>	<b>Clark County Business License No.:</b>	<b>Owners Name:</b>
		<b>Number of Employees:</b>	<b>Square Footage of Premises:</b>
	<b>Does this business require a Professional or Occupational License issued by a State Board?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> <b>If your answer is "Yes" please provide Name of Board:</b>		
<b>D</b>	<b>BUSINESS QUESTIONS</b>		
	<b>Have you registered with the Nevada Secretary of State?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NV Business ID (required)</b>
<b>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.</b>			
<b>Signature:</b>	<b>Print Name:</b>	<b>Date:</b>	



# Department of Business License

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

BOX 551810

LAS VEGAS, NEVADA 89155-1810

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## Application for Auction Permit

**Auctioneer's**

**Business License Number:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Location of Auction:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date(s) and Time(s) of Auction:** \_\_\_\_\_

**List type of merchandise to be auctioned:** \_\_\_\_\_

\_\_\_\_\_

**Does the merchandise to be auctioned include jewelry?** Please check one  **Yes**  **No**

If you checked "yes" above, a **bond** is required at the time of application. The bond must be in accordance with Clark County Code Section 6.36.040

*CCC 6.36.040 (b)* Where the property proposed to be sold is jewelry, as therein defined, the bond, in form, must be joint and several, and the penalty thereof must be a sum equal to one percent of the total invoice or wholesale value of the articles listed in the inventory, but not less than two thousand dollars, nor more than five thousand dollars in any event.

**Applicant's Signature:** \_\_\_\_\_

### INSTRUCTIONS

1. The following **are required** to be submitted at the time of application for an Auction Permit:
  - a. An *inventory list of items* to be auctioned, including any jewelry, if applicable,
  - b. An *executed lease/contract* for the location of the auction, **and**
  - c. Permit Fee of \$15 made payable to Clark County Business License.
2. Auction permit applications **are required** to be filed with the Department of Business License **at least two (2) weeks prior to the commencement of the auction**, by the person who, as auctioneer, will carry on or conduct the auction sale.
3. Auctions **must** be conducted in accordance with Clark County Code Chapters 6.36 and 7.20.