



Department of Business License

VINCENT V. QUEANO
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810
LAS VEGAS, NEVADA 89155-1810

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

Drive Through Business License Checklist

Please provide copies of all documents upon submission

APPLICATION PACKET

- 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.

****Please contact Zoning to ensure all services offered are permitted at the location address.****
- PROVIDE A LETTER OF AUTHORIZATION OR POWER OF ATTORNEY IF APPLYING ON BEHALF OF AN APPLICANT(S)**
- COMPLETE CLARK COUNTY APPLICATION**
- STATE OF NEVADA CANNABIS BOARD**
Provide [State of Nevada Cannabis Board](#) approval to operate the Drive Through Window
- PROVIDE UPDATED SECURITY PLAN**
Complete detailed information to address Security Plan Drive Through activities
- PROVIDE UPDATED OPERATIONAL PLAN**
Submit operational plan to address Drive Through activities

FEES

Adding a line of service for Cannabis Drive Through	\$25
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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>

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	BUSINESS INFORMATION		Fictitious Firm Name		Classification or Category		
	Business Name:		Doing Business As:		NAICS Code:		
BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).							
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	
	BUSINESS BASICS and CONTACT INFORMATION						
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 "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		

Describe all Business Activity:			
Date of purchase of business:			
C	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? (For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division) If your answer is "Yes" please provide Name of Board:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS QUESTIONS			
D	Have you registered with the Nevada Secretary of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NV Business ID (required)
<p align="center">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.</p>			
Signature:		Print Name:	Date: