



Department of Business License

Vincent V. Queano, Director

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

AMENDED RETURN FOR GROSS REVENUE LICENSE

- Fill out form completely; use **black** ink; incomplete forms will be returned.
- Requests must be made by a business owner or officer on record; provide a Letter of Authorization if completing on behalf of the business.
- *Note:* If you are no longer in business, you may request a refund by completing a Refund Request Form.

BUSINESS INFORMATION

Clark County Business License Number:	Return Due Date:	Renewal Cycle Dates	
		From: (MM/YYYY)	To: (MM/YYYY)
Business Name:			
Business Address:		City/ State:	Zip Code:
Contact Name:	Contact Phone Number:	Contact Email Address:	

RETURN INFORMATION

Original Return Information <i>(Or Attach Copy of Original Return)</i>		Revised Return Information	
Original Revenues Reported	\$	Revised Revenues	\$
License Fee Based on Original Gross Revenue Reporting	\$	License Fee Based on Revised Gross Revenue	\$
Original Late Fee Due <i>(if any)</i>	\$	Revised Late Fee <i>(if any)</i>	\$
Available Credit <i>(if any)</i>	\$	Available Credit <i>(if any)</i>	\$
Outstanding Amount Due from Previous Renewal <i>(if any)</i>	\$	Outstanding Amount Due from Previous Renewal <i>(if any)</i>	\$
Original Total Fees Due	\$	Revised Total Fees Due	\$
Original Total Paid	\$	Less Original Total Paid	\$
		Net Fee Adjustment – Due/ (Credit)*	\$

***Net Fee Adjustment**

- Submit this form along with a check for the additional amount due.
- Any resulting credit will be applied to your account for use in the next renewal.

SIGNATURE *(requires signature of owner, officer, authorized or legal signer)*

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 and supporting documentation may be grounds for denial.

_____ Signature	_____ Printed Name and Title	_____ Date
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