



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4252

(800) 328-4813

FAX (702) 386-2168

http://www.clarkcountynv.gov/business_license

Business License # _____

REQUEST FOR REFUND

Please be specific as to the reason for the refund and include the following information:

Refund amount request: _____ **(Application fees and Penalties are non-refundable)**

Business Name: _____

Business Owner(s) Name(s): _____

REASON FOR REFUND REQUEST:

Please mark reason(s) for request and give brief explanation below:

- APPLICATION WITHDRAWN/TERMINATION
- LICENSE DENIED
- OVERPAYMENT of FEES
- BUSINESS NEVER OPENED OR OPERATED

BUSINESS MOVED TO (please check one below)

City of Las Vegas- License # _____ ; Issued Date _____

City of North Las Vegas- License # _____ ; Issued Date _____

City of Henderson- License # _____ ; Issued Date _____

OTHER _____

Explanation of request: _____

Please issue and mail refund payment as follows:

Payable to: _____

Address: _____

City/State/Zip: _____

Requestor's Name (printed): _____ Title: _____

Requestor's Signature: _____ Contact Phone Number: _____

Date: _____