



## Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR  
BOX 551810  
LAS VEGAS, NEVADA 89155-1810  
(702) 455-4252

FAX (702) 386-2168

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

### CHECKLIST FOR APPLICATION FOR CHANGE OF BUSINESS LICENSE

Sections 6.04.075, 6.04.090, 6.04.100, 6.04.110, 6.04.120, and 6.04.130 and of the Clark County Code, provide guidelines for changes to existing business licenses, i.e., adding licenses or lines of service, changes to location, name, mailing address, officer changes and ownership changes of 99% or less. (Note: Ownership changes of 100% will require a new license.)

#### I. All changes require the following:

1. A current mailing address and phone is required for **all** change applications. If this section is not completed we may return your change request without processing it. (We will forward ALL correspondence to your location address in the absence of a current mailing address.)
2. The **Application for Change of Business License** form must be completed and signed by an owner or officer of the business.
3. A fee of \$25 will be charged for *each change on each license*. Payment can be made by cash, check, or money order made payable to: Clark County Department of Business License.
  - a. If renewing your license at the same time, please provide a separate check or money order for the license renewal fees and the change request fees.
4. Additional documents may be required for Regulated or Liquor & Gaming licenses. Please call (702) 455-4125 for further information.

#### II. Business Name Change and/or Location Change

##### 1. Business Name Change:

- a. A file stamped copy of the Fictitious Firm Name (DBA) from the Clark County Clerk's office, or a file stamped copy of the Amended Name Change articles filed with the Nevada Secretary of State.

##### 2. Business Location Change:

1. Preliminary zoning review: Contact Clark County Current Planning at (702) 455-4314, Option #2, Option #1.
2. The Fire Department Permit Survey form must be completed.
3. One of the following Proof of Rights to the business physical location:
  - a. Lease or Rent: If you are leasing or renting a location, a signed Lease Information form must be completed; or
  - b. Sharing Space: A signed Letter of Authorization from lessee, business owner or officer; or
  - c. Property Ownership: A copy of the deed, mortgage agreement, bill of sales; or
  - d. Other Jurisdiction: If the new location is in a jurisdiction other than Unincorporated Clark County, provide a copy of the approved business license with the current address from that jurisdiction.

#### III. Business Owner/Officer Change:

##### A. Business Owner Change (adding or deleting an Owner of 99% or less ownership):

1. A notarized letter signed by an owner is acceptable;
2. A complete list of owners and ownership percentages is required per Clark County Code;
3. A stamped copy of the Resolution or Minutes filed with Nevada Secretary of State is acceptable;
4. A stamped copy of the new DBA filed with the Clark County Clerk's office is acceptable; and
5. For an owner's name change, a copy of the file stamped marriage or divorce decree is acceptable.

##### B. Business Officer Change:

1. Submit documentation of new officer(s) or the Amended Resolution filed with the Nevada Secretary of State.

#### IV. Adding a license or line of service:

**Submit the completed change form and fees required.** See a list of business license fees at:  
<http://www.clarkcountynv.gov/business-license/Pages/BusinessLicenseFees.aspx>.

**\* INCOMPLETE DOCUMENTATION FOR CHANGE REQUEST WILL BE RETURNED**



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**APPLICATION FOR CHANGE OF BUSINESS LICENSE**  
*COMPLETE CONTACT INFORMATION IS REQUIRED FOR ALL CHANGE APPLICATIONS*

**APPLICABLE LICENSE CHANGES AND FEES**

Please check all that apply below and provide license number(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Change of Business Name - <b>\$25 Fee</b>             | <input type="checkbox"/> Change of Business Owners - <b>\$25 Fee</b>  |
| <input type="checkbox"/> Change of Business Location/Address - <b>\$25 Fee</b> | <input type="checkbox"/> Change of Business Officers - <b>No Charge</b>   |
| <input type="checkbox"/> Change of Business Mailing Address - <b>No Charge</b> | <input type="checkbox"/> Adding a license or line of service - <b>\$25 Fee plus applicable initial license fees</b> |

*Changes of business ownership of 100% require a new license. A new business license application package will need to be submitted.  
 For multiple licenses please include \$25.00 for each change on each license.*

**CHANGE OF BUSINESS NAME AND/OR CHANGE OF ADDRESS**

Old Business Name:		New Business Name:	
Old Business Address:		New Business Address:	
City/State	Zip Code	City/State	Zip Code
Old Business Mailing Address:		New Business Mailing Address:	
City/State	Zip Code	City/State	Zip Code

**CHANGE OF BUSINESS OWNERS or OFFICERS (please circle one & attach list as needed)**  
 If changes to ownership total to **100%**, a complete new application must be submitted.

Previous Owner/Officer Name: (First, M.I., Last)		New Owner/Officer Name: (First, M.I., Last)	
Percentage of Ownership	Previous Officer Title	Percentage of Ownership	New Officer Title
Address		Address	
City/State	Zip Code	City/State	Zip Code
Date of Birth (optional)		Date of Birth (optional)	

**ADDING A LICENSE OR LINE OF SERVICE**

Provide the license category you wish to add or describe the new activities to be added to your license(s):  
 (See a list of business license fees at: <http://www.clarkcountynv.gov/business-license/Pages/BusinessLicenseFees.aspx>)

**SIGNATURES (requires signatures of owner, officer, authorized or legal signer)**

Signed Name:	Print Name:	Date:
Signed Name:	Print Name:	Date:
Clark County Business License Number ( <i>required</i> ):	Email Address:	Business Telephone #

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CALL OUR LICENSING DIVISION @ (702) 455-0174  
 Reminder: Also, change the business name, location and/or ownership with the appropriate State Agency(s)



# Clark County Department of Building Fire Prevention Bureau

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 735-0775

## Permit Survey Form

Website: [http://www.clarkcountynv.gov/Depts/development\\_services/fire\\_prevention](http://www.clarkcountynv.gov/Depts/development_services/fire_prevention)

Email: [permits@ClarkCountyNV.gov](mailto:permits@ClarkCountyNV.gov)

APPLICATION #: \_\_\_\_\_ DATE: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER(S): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_

INITIATING AGENCY: (Check box, Agency Application/Permit #, and Agency Signature Required Below)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> AIR QUALITY          | <input type="checkbox"/> BUSINESS LICENSE | <input type="checkbox"/> FIRE PREVENTION |
| <input type="checkbox"/> BUILDING INSPECTIONS | <input type="checkbox"/> CURRENT PLANNING | <input type="checkbox"/> HEALTH DISTRICT |

NOTE: Single family detached residences: complete items 1 and 2 only.  
Commercial occupancies/multi-family/home based business: complete all items below.

### Does your building/project include:

- | Yes                         | No                       |   |
|-----------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Water supplied by a well or private water system                |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Propane tank(s)   |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Aboveground or underground flammable/combustible liquid tank(s) |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | High-piled storage* (see definition below)                      |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Spray paint booths  |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Medical Gas Systems   |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Combustible Dust Producing Operations                           |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Chemicals – Storage, Manufacture, or Use **                     |

Fire Dept. Review/Comments	
Signature _____	Date _____

A "Yes" response to any of the above conditions will require a permit or combined plan/permit request to be submitted to the Department of Building Fire Prevention Bureau for review. Immediately contact FP PLANSHECK AT (455-7100) for permit requirements. Plans must be reviewed and approved by FP Planscheck Division. A "Yes" response to any of the above conditions may also require a Special Use Permit from the Current Planning Division.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Check one:  Property, Building, or Business Owner  Occupants Legal Representative  Responsible Party

\*\*\*\*\*

\*High-Piled Storage is storage of combustible materials in closely packed piles or combustible materials on pallets, in racks or on shelves where the top of storage is greater than 12 feet (3658 mm) in height. High-piled combustible storage also includes certain high-hazard commodities, such as rubber tires, Group A plastics, flammable liquids, idle pallets and similar commodities, where the top of storage is greater than 6 feet in height.

\*\*Refer to the Clark County Fire Prevention "Hazardous Materials Systems" Guideline.

**FAX TO: DEPARTMENT OF BUILDING FIRE PREVENTION PLANSHECK AT (702) 735-0775**

**For Department of Building – Inspection Division Use Only**

Hazardous Occupancy Required?  YES  NO If yes, then Special Use Permit Required.

Signature of Building Official: \_\_\_\_\_

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> PAC Process | <input type="checkbox"/> Commercial  |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Walk-thru   | <input type="checkbox"/> Residential |
|   |                                      | <input type="checkbox"/> Remodel     |

-DISTRIBUTION-  
CUSTOMER · AIR QUALITY MANAGEMENT · BUSINESS LICENSE · FIRE PREVENTION  
HEALTH DISTRICT · BUILDING PLANS EXAMINATION · ZONING PLANSCHECK · CURRENT PLANNING

## **Fire Department Inspections for Business License**

You are required to pass a fire inspection before your Business License can be issued. The Business License Department will identify each license that requires an inspection and you should specify each license when making arrangements for your Fire inspection(s).

A complete Fire Permit Survey Form is required with your business license application. If you answered “yes” to any of the questions, you may need a permit. The Business License Department will transmit your Permit Survey Form to the Fire Department. *Make sure that you include a return fax number on the form!* The Fire Department will review, sign, and fax the form back to you. The response will identify any permits required by the Fire Department for your business.

1. Apply for any required Fire permits as noted on the Permit Survey Form. You may access Fire Department permit applications and guidelines online or in person at the Fire Department.
2. Apply for any other permits required by other agencies (Air Quality, Development Services, Business Licensing, Current Planning, Health, etc.).

When the Development Services (Zoning) department has approved your Business License location and the required Fire Department permit(s) and approvals are complete, you may schedule your Fire Inspection(s). You must have an inspection for each business license that requires a Fire inspection.

Note that you must have your Business License ID number(s) available when applying for your Fire Department inspection. This number is printed on your Business License receipt and is required by the Fire Department for inspection scheduling.

The Fire Department will contact you approximately two weeks after your application is processed to schedule your inspection. Inspections are performed during regular Fire Department inspection hours (Tuesday – Thursday from 8:00 AM – 4:00 PM). There is no charge for business license inspections performed during normal inspection hours.

OR

You may contact a Fire Department scheduler at 702-455-7316 (Option 1, Option 3) if you need to have your business license inspection performed on overtime inspection application. *Note that fees apply for overtime inspections.*



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### LEASE INFORMATION

Tenant:	
Address of Tenant:	
Tenant Contact	<b>Name:</b> <b>Phone:</b> <b>Email:</b>
Landlord:	
Address of Landlord:	
Landlord Contact:	<b>Name:</b> <b>Phone:</b> <b>Email:</b>
Premises:	<b>Address:</b>  <b>Square footage:</b>

**Under penalty of perjury, I attest that the information contained in this document is true and correct. I also understand that any false, misleading or fraudulent statements with respect to any material fact contained in the business license application and/or supporting documentation may subject me to civil penalties and/or denial of the business license application pursuant to CCC6.04.09(b) & CCC6.04.140.**

\_\_\_\_\_  
**Business License Applicant / Tenant**

\_\_\_\_\_  
**Date**