



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

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

APPLICATION FOR CHANGE OF BUSINESS LOCATION

Independent Massage Therapist and Reflexologist ONLY

- Please fill out form completely; use **black** ink only; *incomplete, illegible, or altered application forms will be returned.*
- Complete contact information is required for all change applications.
- If you are making multiple changes, please include applicable change fees for each change on each license.
- Reminder: Change the business name, location and/or ownership with the appropriate state agencies or boards.
- Payments can be made by mail via check, cashier's check, or money order made payable to: Clark County Department of Business License

BUSINESS INFORMATION

Clark County Business License Number:	Business Name:	Business Phone Number:
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Email Address:

BUSINESS LOCATION INFORMATION

Select One:

- Home Occupation (providing mobile services)
 - If leasing, provide the landlord information or property management company.
 - Independent therapists who *do not* rent a space/ booth from an establishment and who only perform outcall services may utilize their home address as their business location address. *Massage services are not to be provided from home location.*
- Sharing Space/ Renting Booth from Licensed Establishment
 - Provide sharing space letter; must include: *name of licensed establishment granting permission, your business name, location address with space number, and signed by both parties. No outcall services are permitted.*

SELECT: CHANGE OF BUSINESS LOCATION ADDRESS (\$25 fee)*

- Provide a copy of your professional license with the Nevada State Board of Massage Therapy
- Provide a copy of your current Nevada Secretary of State Business License

Previous Business Address:	Current Business Address:
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City/ State:	Zip Code:	City/ State:	Zip Code:
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Contact Phone Number:	Contact Email Address:
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SELECT: CHANGE OF BUSINESS MAILING ADDRESS (No fee)*

Previous Mailing Address:	New Mailing Address:
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City/ State:	Zip Code:	City/ State:	Zip Code:
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Contact Phone Number:	Contact Email Address:
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COMPLETE THIS SECTION IF LEASING/ RENTING HOME FROM LANDLORD OR PROPERTY MANAGEMENT COMPANY

Landlord Name/ Property Management Company:

Address:	City/ State:	Zip Code:
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Contact Name:	Contact Number:
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SIGNATURES (requires signatures of owner, officer, authorized or legal signer)

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.

Signature	Print Name	Date
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*Note: Licenses will be mailed to the location address and renewals sent to the mailing address on file. Incomplete change forms will be returned. Please ensure your information is up-to-date for any change of location and/ or mailing.