



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

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(800) 328-4813

FAX (702) 386-2168

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

License Name: _____

License No. _____

DESIGNATED MANAGER FORM
for
MESSAGE ESTABLISHMENT OR MESSAGE BUSINESS OWNERS

REQUIRED FOR MESSAGE ESTABLISHMENT OR MESSAGE BUSINESS OWNERS PURSUANT TO CLARK COUNTY CODE 7.08.045 (a) AND 7.08.080

“A person designated as the manager in charge shall be on the premises at all times of operation; The licensee, or person designated by the licensee, of a massage establishment or massage business shall maintain a register of all persons employed, contracted, or affiliated with at any time as massage therapists and/or Independent Massage Therapists and their Nevada State Board of Massage Therapist License numbers and expiration dates and Clark County Independent Massage Therapist business license numbers and expiration dates.”

Pursuant to Clark County Code 7.08 the undersigned Massage Establishment owner affirms that

_____ is/are the designated manager(s) for the above referenced establishment /business.

Signature of Manager Date

Signature of Manager Date

Signature of Manager Date

Signature of Manager Date

If applicable, removal of previous manager (s): _____

The **NEW** manager listing as of this date is as follows:

1.	2.
3.	4.

Pursuant to Clark County Code 6.04.076 (2), change in the officers, directors, managers of limited liability companies, or other similar managerial positions of a licensee shall be reported to the department within thirty (30) days after the effective date of change. Subject to penalty pursuant to Clark County Code 6.04.077, Failure to Notify.

Signature of Owner

Date