



# Regulated Business License Checklist with BSQ

(Appointments can be made by calling (702) 455-0174)

Please provide copies of all documents upon submission

Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

## APPLICATION PACKET

- DETERMINE JURISDICTION AND LAND USE:**  
To confirm if the business address is located within the unincorporated Clark County jurisdiction, the type of business activities permitted by zoning district, and for information regarding online land use application submittals; please visit <https://www.clarkcountynv.gov/comprehensive-planning/Pages/forms.aspx> or contact a planner at [zoning@clarkcountynv.gov](mailto:zoning@clarkcountynv.gov)  
Telephone: (702) 455-4314.
- NEVADA STATE BUSINESS LICENSE/ REGISTER WITH THE NEVADA SECRETARY OF STATE:**  
NRS 76 requires all businesses, corporations, and partnerships operating in the State of Nevada to have a State Business License. All corporations, limited liability companies, partnerships, etc. are required to register their entities. Please visit the [Nevada Secretary of State's](http://www.nvsecretaryofstate.com) website for more information. You may apply online at [nvsilverflume.gov](http://nvsilverflume.gov), or apply in person at the Secretary of State located at 2250 N. Las Vegas Blvd, Suite 400 North Las Vegas, NV 89030. Telephone: (702) 486-2280
- REGISTER WITH THE NEVADA DEPARTMENT OF TAXATION:**  
You can now register online by visiting the [Nevada Department of Taxation](http://www.nvtax.com) website or apply online at [nvsilverflume.gov](http://nvsilverflume.gov). Nevada Department of Taxation (1<sup>st</sup> Floor), located at 555 E. Washington Las Vegas, NV 89101. Telephone: (702) 486-2300
- REGISTER YOUR BUSINESS NAME (DBA):** Businesses operating under a fictitious firm/doing business as (any name other than the business owner's legal name or the entity name registered with the Nevada Secretary of State) must file for a Fictitious Firm Name certificate with the [Clark County Clerk's](http://www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFirmNames.aspx) Office. Telephone: (702) 455-4431. Visit link for multiple locations <http://www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFirmNames.aspx>. The filing must reflect the Entity Type listed with the Secretary of State.  
**Example:**  
John Doe dba "Handy Janitorial" (Sole Proprietor), ABC LLC dba "ABC" (Limited Liability Company), 123 Inc. dba "The Rock Star Group" (Corporation)  
Note: A Fictitious Firm Name (DBA) is the name your business will use when advertising, including on store front, signs, business cards, websites, etc. Advertising under more than one name, will require multiple business licenses.
- PHYSICAL LOCATION REQUIRED:** Proof of right to the business location.  
Complete copy of executed lease and the *Permitted Use (type of category applied for/business activities), and signed by all parties. Ensure unit or suite number is listed. If applying as an LLC/Corp; Lessee must be listed in the entity name OR if Sole Proprietor, lessee must be listed in applicant(s) name.*
- COMPLETE APPLICATION**
- COMPLETE TEMPORARY LICENSE (Approval process for temporary is six to eight weeks)**
- Provide a Letter of Authorization or Power of Attorney if applying on behalf of an applicant(s)

## FINANCIAL PACKET

Open Bank Statements & Tax returns are for both Personal and Business accounts

- Original Business Supplemental Questionnaire. **Complete the packet in black ink, initial each page, notary on Statement of Truth, Authorization for Release of Information and Claims Indemnity and Affidavit of Full Disclosure**
- 1 copy of owners last 3 months personal bank statements, all pages including blank pages (**for each owner**)
- 1 copy of owners last 3 years personal tax returns (**for each owner**)
- 1 copy of Business last 3 months bank statements, all pages including blank pages
- 1 copy of Business last 3 years tax returns

## METRO PACKET

- Original completed Personal History Questionnaire (for each owner) including (2) **original** completed Requests for Authorization (per owner). **Initial each page, notarize sections, use black ink and use ("N/A", Unavailable or Unknown)**
- Attach military discharge DD-214 if applicable
- U.S. Certificate of Naturalization documents or copy of US birth certificate (for each owner)
- U.S. Immigration Documents (U.S. Green Card/U.S. Red Card, Employment Authorization for each owner)
- 1 copy of owner's active passport (for each owner)  
**Note:** The requirement **does not apply** if the passport is expired or the applicant has never had one.
- One (1) front & back copy of Driver's License (for each owner)
- Two (2) identical passport sized color photographs (for each owner)
- Corporate check(s), cashier's check(s) or money order(s) payable to LVMPD in the amount of \$ 300.00 for each owner. (**No personal checks please**)

**PLEASE RETAIN A COPY OF COMPLETED FORMS FOR YOUR RECORD**



# CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

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

Each application for business license shall be accompanied by a **\$45.00 non-refundable application processing fee.**

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.

Use **BLACK INK** only! Any incomplete, illegible or altered applications will not be accepted for processing.

<b>Section A: BUSINESS INFORMATION</b>						
<b>A</b>	<b>BUSINESS INFORMATION</b>		<b>Fictitious Firm Name</b>		<b>Classification or Category</b>	
	Business Name:		Doing Business As:		NAICS Code:	
<b>Section B: BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).</b>						
<b>B</b>	Type of Business Ownership (Please select one)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership			
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)		Name: Last, First, MI, or Corporation/LLC		Title	
			Address Line 1		Address Line 2	
			City	State	Zip	% Owned
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)  <i>(Attach additional pages as needed)</i>		Name: Last, First, MI, or Corporation/LLC		Title	
			Address Line 1		Address Line 2	
			City	State	Zip	% Owned
	<b>Section C: BUSINESS BASICS and CONTACT INFORMATION</b>					
<b>C</b>	Business Location		Location Address Line 1		Location Address Line 2	
			City	State	Zip Code	Country
			Email Address		Business Phone No.	Business Fax No.
	Mailing Address <i>(If same as location, please indicate "location")</i>		Mailing Address Line 1		Mailing Address Line 2	
			City	State	Zip Code	Country
	Authorized Contact Info		Authorized Contact Last Name		Authorized Contact First Name	Auth. Contact MI
Email address			Primary Phone	Cell Phone		
Business Location Information		<input type="checkbox"/> Owned (If owned proceed to "Describe all business activity" at the top of the next page) <input type="checkbox"/> Leased (If leased please provide the following information for our records)				
		Lessor Name (Last, First, MI or Company Name)			Lessor Phone	
		Lessor Address Line 1		Lessor Address Line 2		
		City	State	Zip Code	Country	

<b>C</b>	<b>Describe all Business Activity:</b>		
	<b>Date your business started at this location:</b>		
	<b>Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Have you purchased a business currently operating in Clark County?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are you requesting a Temporary License?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION</b>		
	<b>Date Business Purchased:</b>	<b>Clark County Business License No.:</b>	<b>Owners Name:</b>
		<b>Number of Employees:</b>	<b>Square Footage of Premises:</b>
	<b>Does this business require a Professional or Occupational License issued by a State Board?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> <b>If your answer is "Yes" please provide Name of Board:</b>		
<b>D</b>	<b>BUSINESS QUESTIONS</b>		
	<b>Have you registered with the Nevada Secretary of State?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NV Business ID (required)</b>
<b>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 or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.</b>			
<b>Signature:</b>	<b>Print Name:</b>	<b>Date:</b>	

## Temporary License Request Form

Date: \_\_\_\_\_

To: The Department of Business License  
500 South Grand Central Parkway, 3<sup>rd</sup> Floor  
Las Vegas, Nevada 89155

Re:  Purchase of Business  
 Regulated application pending LVMPD background approval

Business Name \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Business License Application Number(s): \_\_\_\_\_

Please consider this my request for a Temporary License in conjunction with my application for the business described above. I affirm that I have submitted a complete application and seek your approval to operate during required inspections and/or any required background checks.

I understand that the Temporary License may be issued while the application process is being completed pursuant to Clark County Code 6.04.070 (a) (b) (c) (d) and 6.04.095 (a) (b) and 6.04.096 (a) (b) and that zoning approval must be granted before a Temporary License can be issued.

Furthermore I acknowledge that required inspections must be completed prior to final business license approval.

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by (Please print name)