



# Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

Toll Free: (800) 328-4813

Fax: (702) 386-2168

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

## SHORT-TERM RENTAL UNIT PRE-APPLICATION

- Information provided may be subject to public records disclosure and will appear on the Business License public website and public information reports.
- Please fill out form completely; use **black** ink only; *incomplete, illegible, or altered application forms will be returned.*
- Only one (1) application is allowable per property address. Any duplicate applications submitted for a property address will be terminated in the order received.

### BUSINESS INFORMATION

Date:	Business/ Entity Name:	APN (Parcel Number):	
Property Address:	Unit #	City/ State:	Zip Code:

### PROPERTY INFORMATION

Property type: <i>(select one)</i>	<input type="checkbox"/> Single-Family Dwelling <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/> Other: _____		
Number of Bedrooms:	Does this match the records held by the Clark County Assessor? <i>(check one)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Owner Name/ Entity of Record:			

### OWNERSHIP INFORMATION\*\* *(if more space is needed, please include full title holding ownership structure on additional sheets to properly list all owners)*

#### 1) Property Owner, Trustee, Partner, Shareholder, Principal, or Beneficiary, etc.

Full Legal Name <i>(Last, M.I., First)</i> :		Date of Birth (MM/DD/YYYY):	
Mailing Address:	City/ State:	Zip Code:	
Contact Phone Number:	Email Address:		

#### 2) Property Owner, Trustee, Partner, Shareholder, Principal, or Beneficiary, etc.

Full Legal Name <i>(Last, M.I., First)</i> :		Date of Birth (MM/DD/YYYY):	
Mailing Address:	City/ State:	Zip Code:	
Contact Phone Number:	Email Address:		

#### 3) Property Owner, Trustee, Partner, Shareholder, Principal, or Beneficiary, etc.

Full Legal Name <i>(Last, M.I., First)</i> :		Date of Birth (MM/DD/YYYY):	
Mailing Address:	City/ State:	Zip Code:	
Contact Phone Number:	Email Address:		

#### 4) Property Owner, Trustee, Partner, Shareholder, Principal, or Beneficiary, etc.

Full Legal Name <i>(Last, M.I., First)</i> :		Date of Birth (MM/DD/YYYY):	
Mailing Address:	City/ State:	Zip Code:	
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## SHORT-TERM RENTAL UNIT PRE-APPLICATION *(continued)*

### CONTACT INFORMATION

#### Local Representative

Full Name <i>(Last, M.I., First)</i> :		Contact Phone Number:
Address:	City/ State:	Zip Code:

#### Property Management Company *(if utilized)*

Company Name:		Contact Person (Full Name):
Address:	City/ State:	Zip Code:
Contact Phone Number:	Email Address:	

### REQUIRED DOCUMENTS

Have you attached a notarized Attestation Statement for each person associated with the ownership of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of attachments:	
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#### Optional Attachments for Pre-Application Period

*Please note: The following requirements will be due after selection and prior to finalization of your application.*

1) Short-Term Rental Unit Business License Informational Map Printout, or Screenshot	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
1) Fictitious Firm Name Certificate <i>(if applicable)</i>	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
2) Nevada Secretary of State Registration Certificate	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
3) Governing Documents showing proof of express authorization to operate a short-term rental or use a residence for transient lodging purposes <i>(if applicable)</i>	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
a. Cover Sheet for Governing Documents	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
4) Proof of liability insurance as described in CCC Chapter 7.100.170(c)	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
5) Copy of most recent sewer services bill	<input type="checkbox"/> Included <input type="checkbox"/> Not Included

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

I, the undersigned, declare that the above statements are true and accurate to the best of my knowledge.

_____	_____	_____
Signature	Printed Name and Title	Date

\* See a list of business license fees at: [https://www.clarkcountynv.gov/business/doing\\_business\\_with\\_clark\\_county/business\\_license\\_fees.php](https://www.clarkcountynv.gov/business/doing_business_with_clark_county/business_license_fees.php)

\*\* Changes of business ownership for this license category are prohibited. (CCC 7.100.150)



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## SHORT-TERM RENTAL UNIT APPLICATION SUPPLEMENTAL ATTESTATION STATEMENT

- Please submit the necessary number of attestations as applicable for all natural persons associated with the ownership as recorded with the Clark County Assessor's office.

### BUSINESS INFORMATION

<b>Date:</b>	<b>Business/ Entity Name:</b>		
<b>Property Address:</b>		<b>City/ State:</b>	<b>Zip Code:</b>

### ATTESTATIONS

I hereby attest to the following statements:

- The property address submitted for licensure is not precluded from operation by any provision contained in Chapter 7.100 – Short-Term Rental Units of the Clark County Code.
- If the property is located in a common-interest community, I understand that the property is ineligible for licensure unless I have provided evidence the governing documents expressly authorize the use of a property as a short-term rental unit for transient lodging purposes. (CCC 7.100.080(e)(3) & 7.100.090(c)(5))
- I understand, and have complied with, all eligibility standards for property owners as detailed. I further attest that all persons involved with the ownership of the property address including, but not limited to, shareholders, partners, members, managers, officers, principals, settlors, trustees, and/or beneficiaries, as applicable, are all natural persons and aged 18 years or older, and that all required documentation related to their identities has been provided to the Department of Business License. (CCC 7.100.060)
- I understand that any license, if granted, for the operation of a short-term rental unit is not transferable for any reason to another person, entity, or location address, including a prohibition on transfer of ownership. (CCC 7.100.140 & 7.100.150)
- My eligibility for annual license renewal is contingent upon meeting annual renewal requirements, including delivering any records and payment of any inspection fees due to applicable departments of Clark County. (CCC 7.100.130)
- I have read and understand the provisions contained in Chapter 7.100 – Short-Term Rental Units of the Clark County Code, including all duties, obligations, and requirements in Section 7.100.170 and prohibited conduct as detailed in Section 7.100.180.
- All information submitted in both the general business license application and Short-Term Rental Unit Application Supplemental for the property address listed is true and accurate to the best of my knowledge.

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

I, \_\_\_\_\_, declare that the above statements are true, accurate, and complete to the best of my knowledge.

In WITNESS WHEREOF, I have executed this request at \_\_\_\_\_ on the \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for said County and State

### FOR OFFICIAL USE ONLY

<b>CCBL Application Number:</b>	<b>CCBL License Number:</b>
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