

Las Vegas Business License Application

(702) 229-6281 (Voice) - (702) 386-9108 (TDD)

<http://www.lasvegasnevada.gov/>

Incomplete or illegible applications will not be accepted

All information on this form is a public record

1 BUSINESS INFORMATION

☐ New Business ☐ Change of Ownership ☐ Change of Location ☐ Change of Name ☐ Change of Corp. Officer ☐ Other

2 Business Legal Name: _____ 3 Corporate Phone: _____

4 Business Trade Name (dba): _____ ☐ Sole Proprietor
☐ Corp/LLC
☐ Non-Profit 5 Business Phone: _____

6 Opening Date: _____ Hours of Operation: _____ 7 Business Fax: _____

8 Is this a Home Based Business: ☐ Yes ☐ No 9 Mobile Phone: _____

10 Business Physical Address: _____ 11 Business Mailing Address: _____

12 Business E-mail: _____

13 Business Web Site: _____

14 Type of Business: _____

15 Describe in detail the business activity and product(s) or services(s) rendered: _____

16 NV State Business Registration #: _____ NV Occupational License#: _____ NV Tax ID #: _____

NAICS Code(s): (Include all that apply) _____ No. of Units required (State Licensed Professionals,

17 **Check All That Apply:** _____ Seats, Stations, etc.) _____

☐ Alcohol sale or service
☐ Alcohol / drug counseling
☐ Coin Operated Machine (Number)
☐ Check Cashing
☐ Dance / Entertainment

☐ Gaming
☐ Pawn
☐ Sales
☐ Sexually-oriented materials or activities
☐ Tobacco sales

☐ Used merchandise sales / trade-in
☐ Lodging - [addendum](#) required
☐ Rentals
☐ Auto Sales
☐ Auto Repairs

FOR CITY OF LAS VEGAS OFFICE USE ONLY

PLANNING: _____

ADDRESS: _____ CHECKED/VERIFIED BY: _____ DATE: _____

APN: _____ ZONING: _____ LAND USE DESIGNATION: _____

USE CLASSIFICATION and FINDINGS: _____

Check All That Apply: ☐ Use is Permitted ☐ Accessory Use Only ☐ Other:
☐ Special Use Permit Required ☐ Use is NOT Permitted Existing Non-Conforming Use
☐ Conditional Use Verification Required ☐ Temporary Commercial Use Permit Required

BUSINESS LICENSE:

APPROVALS:

Planning: By: _____ Date: _____

Fire By: _____ Date: _____

License Technician: _____ Date: _____

Senior License Officer: _____ Date: _____

Business License Manager: _____ Date: _____

1st Temp: From: _____ To: _____ 2nd Temp: From: _____ To: _____ 3rd Temp: From: _____ To: _____

18 BUSINESS OWNERSHIP

Name (Last, First): _____ Home Address: _____
 Title: _____ Percent Owned: _____ P.O. Box Not Acceptable: _____
 Email: _____
 Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Name (Last, First): _____ Home Address: _____
 Title: _____ Percent Owned: _____ P.O. Box Not Acceptable: _____
 Email: _____
 Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Name (Last, First): _____ Home Address: _____
 Title: _____ Percent Owned: _____ P.O. Box Not Acceptable: _____
 Email: _____
 Date of Birth: _____ Home Phone: _____ Cell Phone: _____

19 PREVIOUS BUSINESS INFORMATION - Name, Address & Ownership (if application is for a change of business name, location, or ownership)

20 ACKNOWLEDGEMENT

1. I am aware that any changes to this business must be reported within 15 days. Business closure must be received in writing or additional fees and penalties will apply.
2. Outstanding business license fees must be paid prior to making any changes to the business. All unpaid balances must be paid prior to closing. Any unpaid balance may be subject to additional fees and/or collections. If notice is given after the renewal date of a license, the licensee may still be responsible for all renewals fees. The purchaser of any existing business license is responsible to ensure all outstanding licensee fees and any unpaid fees discovered in audits of prior billing cycles are paid in full.
3. I have informed all owners, managers, or other principals of their criminal and/or civil responsibility for the timely fulfillment of all restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business, per LVMC 6.02.080.
4. I accept the license subject to all of the terms and provisions of this Title and that the license is a privilege conferred upon the person who is granted the license.
5. If a background check is required I authorize the City of Las Vegas to obtain information from criminal justice agencies, financial institutions, Federal, State and local governments and agencies, and other persons and entities and shall consent to the release of such information to the City for use in connection with the application for the license and other City business regulations.
6. I release the City of Las Vegas from all claims and hold-harmless the City for its use of the information provided by the applicant or discovered during any investigation thereof.
7. I understand that if my business requires a health permit, it is unlawful to operate without a valid permit issued by the health authority.
8. I acknowledge that several business license categories require Nevada state licenses. All such principals are aware that failure to maintain required Nevada state business licenses renders a City of Las Vegas business license invalid and thereafter any business activity would be unlawful.
9. As an authorized agent of the entity identified in this application, I certify that I have reviewed the above requirements and that the information provided in this application is true, correct, complete and current to the best of my knowledge and belief.

☐ I ACKNOWLEDGE THAT I HAVE MADE COPIES OF ALL DOCUMENTS SUBMITTED TO KEEP FOR MY RECORDS AS PART OF THIS APPLICATION PROCESS.

21 I certify that I am the owner / applicant and I acknowledge the conditions of licensing and agree to all terms and acknowledgements.

Authorized Signature: _____ Print Name: _____ Date: _____

Authorized Agent: _____ Phone: _____ Fax: _____ E-mail: _____

FOR CITY OF LAS VEGAS USE ONLY

Fee Type	Amount	TN	Date Paid
Application Processing Fee			
HO Permit			
Origination			
License Fees			
Total:			

LAS VEGAS HOME OCCUPATION PERMIT APPLICATION

Department of Community Development - Business Licensing

(702) 229-6281 (Voice) - (702) 229-9108 (TDD)

<http://www.lasvegasnevada.gov/>

Incomplete or illegible applications will not be accepted.

All information on this form is a public record

A Home Occupation Permit is required to operate any business from a residential location. The license applicant must initial and comply with all the conditions below. If you cannot comply with ALL the conditions listed, you CANNOT operate from a residence and you must find a properly zoned commercial address for your business.

Home Occupation Permits are only approved for the home location on the business license application. The Home Occupation Permit does not move to another residence. If the business is moved to another residence, a NEW Home Occupation Permit for the new location is required.

1. _____ Only the occupants of the dwelling unit shall be engaged in the business activity approved for the Home Occupation Permit.
2. _____ No employees shall report to work or be dispatched from the property.
3. _____ There shall be no transacting of business or offers to transact business with customers or clients who have come to the property.
4. _____ There shall be no signage or other advertising of any kind, whether on the property or elsewhere, which advertises the address or physical location of the property or identifies the existence of a Home Occupation on the property. A home telephone number or post office box may be advertised by any medium other than on-site language.
5. _____ No motor vehicle repair, paint or body work, commercial preparation of food for service on the premises, business related to or involving explosives, ammunitions or weapons, beauty parlor or barber shop, or ambulance or related emergency services shall be permitted as Home Occupation.
6. _____ A Home Occupation shall not create pedestrian, automobile or truck traffic in excess of the normal amount associated with residential uses in the district.
7. _____ A Home Occupation business shall be conducted exclusively within the main dwelling or within a accessory structure which has been approved for the Home Occupation Permit, except for horticultural activities.
8. _____ The number of on-site parking spaces shall not be reduced to less than two.

9. _____ No Home Occupation business shall create or cause noise, dust, light, vibration, gas, fumes, toxic or hazardous materials, smoke, glare, electrical interference or other hazards or nuisances either on or off the premises.
10. _____ There shall be no electrical or mechanical equipment which is not normally found in a residential structure and no equipment found on the premises shall cause a change in the fire safety or occupancy classification of the dwelling unit.
11. _____ There shall be no outdoor storage or use of any toxic chemicals or hazardous materials of any type or in any amount not normally found in a residential structure.
12. _____ No more than one vehicle with a maximum capacity of one ton shall be used in connection with a Home Occupation Permit.

Print Name: _____

Date: _____

Applicant Signature: _____

FOR CITY OF LAS VEGAS OFFICE USE ONLY

☐ APPROVED ☐ DENIED COMMENTS: _____

Date: _____