



CITY OF LAS VEGAS
 DEPARTMENT OF PLANNING
 BUSINESS LICENSING DIVISION
 333 N. Rancho Dr., 6th Floor
 Las Vegas, NV 89106

Fax (702) 382-6642
 TDD (702) 464-2540
 E-mail us at license@lasvegasnevada.gov

APPEARANCE Hearing Request Instructions

1. Fill out the attached form **completely and include ALL evidence at time of submission.**
2. **ONLY** the principal, key employee or legal representative (State Bar of Nevada) can apply for the Hearing Request.
3. **If you choose to appear in front of the Hearing Officer**, you must physically be present at 333 N. Rancho Drive, 1st floor on the date scheduled on your citation. Upon arrival, please pull a ticket from the Quematic System for Business Licensing. For more information, you can e-mail us at license@lasvegasnevada.gov. No non-appearance hearing requests will be accepted for local residents. If you reside outside of Southern Nevada, you may submit a request to license@lasvegasnevada.gov.
4. Once the forms are received, your citation will be placed on hold and reviewed by the Hearing Officer. The "Hearing Officer Request Form" must be received by the Department within 10 days from the date your citation was issued. If it is not received, you will not be placed on the Hearings Officer's calendar. You may send the form by e-mail, fax or hand deliver to the contact information above. Again if the form is NOT received within this time frame, you WILL NOT be placed on the hearing calendar.
5. Once you appear for your hearing, you will receive documentation disclosing the final outcome and if a balance is due, you will have **30 days** from the hearing date your case to secure payment in full.
6. Failure to pay within a **30 day** period may result in additional fees due to additional penalties accruing and/or the Hearing Officer's reduction to your fine being reversed.
7. Payment can be made in person or by mail.

DO NOT WRITE BELOW THIS LINE

Hearing Confirmation *For Office Use Only*

Name: _____

Hearing Date: _____

Time: _____

Infractions: _____

License #'s: _____

Officer: _____