



CITY OF LAS VEGAS
BUSINESS LICENSING DIVISION
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Lodging Addendum

Business Name / Doing Business As (DBA):

Entity/Corporate/LLC Name:

Business (Rental) Address:

Name of Person Completing this Form:

Associated addresses; including building or unit numbers that correspond to each listed address:

Select Business Type: (At least **one** must be selected)

☐ Apartment (Non-Transient)
 ☐ Residence Hotel (Non-Transient)
 ☐ Hostel (Transient)
 ☐ Hotel (Transient)
 ☐ Motel (Transient)

Select Rental Terms: (At least **one** must be selected)

☐ Daily
 ☐ Weekly
 ☐ Monthly
 ☐ Yearly
 ☐ Other, _____

Do any of the units have kitchenettes?

☐ YES
 ☐ NO
 If YES, How many?

ADDITIONAL SERVICES.

Check the box if any of the services listed below are provided at the property.

☐ Laundry Facility (pay service)
 ☐ Swimming Pool/Spa
 ☐ Internet Services
☐ Housekeeping
 ☐ Parking Fees
 ☐ Vending Machine (snacks, laundry supplies, etc)
☐ Pest Control Services
 ☐ Duplicate Key Charges

For any of the boxes checked above provide the business name and business license number of the service provider in the boxes below, if the services are not provided by you or your employees. **Attach pages for additional service providers**

Business Name/No:

Business Name/No:

Business Name/No:

Non-Transient Properties Complete the bottom section

LVMC 6.46.155 requires each non-transient lodging property to designate **at least one person** to be available at all times (24/7) and have access to every room on the property for first responders and enforcement personnel. Provide the name and phone number below:

24 Hour Contact Personnel Name

24 Hour Contact Personnel phone number

This person's information is required to be posted at the property as well.

LVMC 6.46.155 requires each non-transient lodging **operator**, with or without ownership, who performs the functions of a property manager to complete the Landlord Training Program every 2 years and hold a valid work card, unless the property is managed by a NV licensed **Property Manager**. If it is a NV licensed Property Manager they must provide an equivalent training document.

Property Management Company Name, if applicable:

Name of Property Manager **or** Operator

State NRS 645 License #, if applicable

Phone Number:

Email:

Onsite Unit #, if applicable

Local Landlord Training Program or Equivalent Training (Agency & Completion date:)

LVMCPD Work Card #, if applicable:

Attach additional pages if you have more than one property manager or onsite manager.