



CITY OF LAS VEGAS  
DEPARTMENT OF PLANNING  
BUSINESS LICENSING DIVISION

**ORIGINATION/LICENSE FEE WAIVER APPLICATION-MEDICAL DISTRICT**

**THIS FORM IS NOT VALID AFTER FEBRUARY 23, 2023**

*Please type or print in ink. Incomplete or illegible applications will not be accepted. Application must bear an original signature.  
All information on this form is a public record.*

Types of business license-related fees and charges that may be waived for \*qualifying new businesses pursuant to this ordinance are:

- ✓ Processing fee chargeable under LVMC 6.02.085
- ✓ Initial semiannual or annual license fees, whether flat fees or based on gross sales, that are chargeable under LVMC Chapter 6.04 (but not Chapter 6.50)
- ✓ License renewal fees for the first renewal period regarding licenses whose fees are imposed semiannually under LVMC Chapter 6.04
- ✓ Origination fee for a Restaurant Service bar, Beer Wine Room, and Beer Wine Cooler On-Sale liquor licenses

**\*Qualifying New Businesses** are new businesses located within the Las Vegas Medical District are one of the types of businesses listed below.

Liquor License Origination Fee Waivers (**only check** the license that applies):

- ☐ Restaurant Service Bar - \$30,000
- ☐ Tavern-Limited - \$20,000
- ☐ Beer Wine Room - \$7,500
- ☐ Beer Wine Cooler On-Sale - \$2,500

License Fee Waivers (**only check** the licenses that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Adult Day Care                              | <input type="checkbox"/> Clinic or Laboratory                        | <input type="checkbox"/> Convenience Store                      | <input type="checkbox"/> Drugstore                            |
| <input type="checkbox"/> Employment Agency or Contract Labor Service | <input type="checkbox"/> Express Delivery Service                    | <input type="checkbox"/> Food Service or Café                   | <input type="checkbox"/> Food Specialty or Grocery Store      |
| <input type="checkbox"/> Hospital                                    | <input type="checkbox"/> Hotel, Resort Hotel, Motel, Residence Hotel | <input type="checkbox"/> Instruction and Learning Service       | <input type="checkbox"/> Personal Service                     |
| <input type="checkbox"/> State License Medical Professional Service  | <input type="checkbox"/> Health and Fitness Center                   | <input type="checkbox"/> Sports Center                          | <input type="checkbox"/> Restaurant                           |
| <input type="checkbox"/> Executive Suites                            | <input type="checkbox"/> Post-Secondary Technical Training School    | <input type="checkbox"/> Career/Health School or Career College | <input type="checkbox"/> Emergency Medical Service Training   |
| <input type="checkbox"/> Massage School                              | <input type="checkbox"/> Nursing School                              | <input type="checkbox"/> Vocation School                        | <input type="checkbox"/> Mortuary                             |
| <input type="checkbox"/> Special Care Facility (ambulatory/hospice)  | <input type="checkbox"/> Theater                                     | <input type="checkbox"/> Transitional Living Facility           | <input type="checkbox"/> Vocational Rehabilitation Counseling |

I/We \_\_\_\_\_ am/are applying for a waiver of the origination, eligible processing, or  
Applicant

license fee for a new business in the Medical District for the \_\_\_\_\_

Business Name

located at \_\_\_\_\_.

Business Address

I have received a copy of Bill Number 2019-1.

I have submitted an application for a Special Use Permit or the location is already approved in accordance with the requirements of Title 19.

- I have submitted a complete privilege license application packet or general license application for the above referenced business.
- I have paid all fees not eligible to be waived.
- I understand this waiver is conditioned upon activation of the business license within the following time periods:

1. One (1) year, for a business to be located within an existing structure; or
2. Two (2) years, otherwise.

- I understand if this waiver is granted and the license is activated, it:

1. May not be sold or transferred to a third party, which includes any changes of ownership or change of principal; and
2. May not be transferred to a new location unless the location is within the Las Vegas Medical District, the location is approved in accordance with the requirements of LVMC Title 19, and the license holder remains the same.

- I understand my application may be subject to review and approval by the Director of Planning and/or City Council.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me, a Notary Public,

on this \_\_\_\_\_ day of the month of \_\_\_\_\_ of the year \_\_\_\_\_

Notary Public, Clark County, State of Nevada

FOR CITY OF LAS VEGAS OFFICE USE ONLY			
Fee Type Waived	License Number	Amount	Date
Processing Fee			
Origination Fee			
License Fee			

