



CITY OF LAS VEGAS
DEPARTMENT OF COMMUNITY DEVELOPMENT
BUSINESS LICENSING DIVISION

Fax (702) 382-6642
TDD(702) 386-9108
E-mail us at license@lasvegasnevada.gov

Massage & Reflexology Register

Business Name: _____ Business License #: _____

Business Address: _____ Business Phone #: _____

Full Name	Alias/Nickname	Date of Birth	Job Title/Function	State License	City License

REGISTER MUST BE MAINTAINED, CURRENT, AND AVAILABLE FOR INSPECTION AT ALL TIMES

Per LVMC 6.52.080 Massage and LVMC 6.69.120 Reflexology, the establishment must maintain a register of every person “performing any function within the establishment” containing the information above. This register must be available for inspection by any regulating agency including Las Vegas Metropolitan Police and the City of Las Vegas. Failure to do so can result in fines, criminal misdemeanor citations, or other disciplinary actions.

Owner or Manager Signature: _____ Date: _____