City of Las Vegas
Department of Planning
Business Licensing Division
333 N. Rancho Dr., 6th Floor
Las Vegas, NV 89106

Fax (702) 382-6642
TTY 7-1-1
www.LasVegasNevada.gov
E-mail us at License@LasVegasNevada.gov

Submit by Email

Print Form

Register of Professionals

Name of Business: _____ Address: _____

Business License: _____ Phone Number: _____ E-mail Address: _____

Instructions to Professional Firm: List all additional professionals employed by your firm, sign at the bottom and forward by email to License@LasVegasNevada.gov.

Name (First, Middle, Last)	Home Address:	Phone Number	E-mail Address	State Occupational #

By signing below, I affirm the above listed are W-2 employees and understand it is the responsibility of this firm to update the City of Las Vegas with any changes to this list.

Business Owner Name: _____ Business Owner Signature: _____ Date: _____