

CITY OF LAS VEGAS DEPARTMENT OF COMMUNITY DEVELOPMENT BUSINESS LICENSING DIVISION

Fax (702) 382-6642 TTY 7-1-1 E-mail us at license@lasvegasnevada.gov

	Tem	nporary License	Request
Name of Business:			
Location of Business:			
Type of License:	Expected Date of Opening:		
NOTE: If you are approved for your request, it can take up to 30 days from the date we receive a completed application to receive your temporary license.			
I have not been living in the Las Vegas area for more than 2 years, so I've attached an original letter regarding criminal history from my previous local police agency. Initial:			
I have submitted payment of \$500 for a privilege license OR \$250.00 for a regulated license for consideration of the Temporary License and understand that this fee is non-refundable . Initial:			
Dear Business Licensing Manager,			
I have submitted a completed application packet. I am writing to request a temporary license for my business to operate. I have listed the reason(s) below as to why I am requesting this temporary license:			
Thank you for your consideration.			
Sincerely,			
Signature of Applicant		Date	Print Name
***	Note: Applicants with crin	ninal records may	not qualify for a temporary license***
READ and INITIAL belo		٠	
IF A CITY BASED BUS	INESS:		
I have applied with the City of Las Vegas Planning Department for a Special Use Permit, variance or other applicable permits. Expected Date of Approval(s):			
I understand that once a completed application and any non-refundable fees are submitted and accepted, approval of a Temporary License is at the discretion of the Business Licensing Division manager or supervisor.			
IF APPLICABLE:			
I understand that a temporary license to operate my business will not be considered until any Land Use , Fire , Health and/or Building permits have been approved. I have submitted proof of these finalized permits in my packet.			