

# Las Vegas Business License Application

(702) 229-6281 (Voice) - (702) 386-9108 (TDD)

<http://www.lasvegasnevada.gov/>

Incomplete or illegible applications will not be accepted

All information on this form is a public record


## 1 BUSINESS INFORMATION

New Business     Change of Ownership     Change of Location     Change of Name     Change of Corp. Officer     Other

2 Business Legal Name: \_\_\_\_\_ 3 Corporate Phone: \_\_\_\_\_

4 Business Trade Name (dba): \_\_\_\_\_  Sole Proprietor  
 Corp/LLC  
 Non-Profit 5 Business Phone: \_\_\_\_\_

6 Opening Date: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ 7 Business Fax: \_\_\_\_\_

8 Is this a Home Based Business:  Yes  No 9 Mobile Phone: \_\_\_\_\_

10 Business Physical Address: \_\_\_\_\_ 11 Business Mailing Address: \_\_\_\_\_

\_\_\_\_\_

12 Business E-mail: \_\_\_\_\_

13 Business Web Site: \_\_\_\_\_

14 Type of Business: \_\_\_\_\_

15 Describe in detail the business activity and product(s) or services(s) rendered: \_\_\_\_\_

\_\_\_\_\_

16 NV State Business Registration #: \_\_\_\_\_ NV Occupational License#: \_\_\_\_\_ NV Tax ID #: \_\_\_\_\_

NAICS Code(s): (Include all that apply) \_\_\_\_\_ No. of Units required (State Licensed Professionals, Seats, Stations, etc.) \_\_\_\_\_

### 17 Check All That Apply:

- Alcohol sale or service
- Alcohol / drug counseling
- Coin Operated Machine (Number)
- Check Cashing
- Dance / Entertainment

- Gaming
- Pawn
- Sales
- Sexually-oriented materials or activities
- Tobacco sales

- Used merchandise sales / trade-in
- Lodging - [addendum](#) required
- Rentals
- Auto Sales
- Auto Repairs

## FOR CITY OF LAS VEGAS OFFICE USE ONLY

PLANNING:  
ADDRESS: \_\_\_\_\_ CHECKED/VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APN: \_\_\_\_\_ ZONING: \_\_\_\_\_ LAND USE DESIGNATION: \_\_\_\_\_

USE CLASSIFICATION and FINDINGS: \_\_\_\_\_

Check All That Apply:  Use is Permitted     Accessory Use Only     Other:  
 Special Use Permit Required     Use is NOT Permitted    Existing Non-Conforming Use  
 Conditional Use Verification Required     Temporary Commercial Use Permit Required

## BUSINESS LICENSE:

### APPROVALS:

Planning: By: \_\_\_\_\_ Date: \_\_\_\_\_

Fire By: \_\_\_\_\_ Date: \_\_\_\_\_

License Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Senior License Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Business License Manager: \_\_\_\_\_ Date: \_\_\_\_\_

1st Temp: From: \_\_\_\_\_ To: \_\_\_\_\_ 2nd Temp: From: \_\_\_\_\_ To: \_\_\_\_\_ 3rd Temp: From: \_\_\_\_\_ To: \_\_\_\_\_

18 BUSINESS OWNERSHIP

Name (Last, First): \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_ P.O. Box Not Acceptable: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_ P.O. Box Not Acceptable: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_ P.O. Box Not Acceptable: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

19 PREVIOUS BUSINESS INFORMATION - Name, Address & Ownership (if application is for a change of business name, location, or ownership)

\_\_\_\_\_  
 \_\_\_\_\_

20 ACKNOWLEDGEMENT

1. I am aware that any changes to this business must be reported within 15 days. Business closure must be received in writing or additional fees and penalties will apply.
2. Outstanding business license fees must be paid prior to making any changes to the business. All unpaid balances must be paid prior to closing. Any unpaid balance may be subject to additional fees and/or collections. If notice is given after the renewal date of a license, the licensee may still be responsible for all renewals fees. The purchaser of any existing business license is responsible to ensure all outstanding licensee fees and any unpaid fees discovered in audits of prior billing cycles are paid in full.
3. I have informed all owners, managers, or other principals of their criminal and/or civil responsibility for the timely fulfillment of all restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business, per LVMC 6.02.080.
4. I accept the license subject to all of the terms and provisions of this Title and that the license is a privilege conferred upon the person who is granted the license.
5. If a background check is required I authorize the City of Las Vegas to obtain information from criminal justice agencies, financial institutions, Federal, State and local governments and agencies, and other persons and entities and shall consent to the release of such information to the City for use in connection with the application for the license and other City business regulations.
6. I release the City of Las Vegas from all claims and hold-harmless the City for its use of the information provided by the applicant or discovered during any investigation thereof.
7. I understand that if my business requires a health permit, it is unlawful to operate without a valid permit issued by the health authority.
8. I acknowledge that several business license categories require Nevada state licenses. All such principals are aware that failure to maintain required Nevada state business licenses renders a City of Las Vegas business license invalid and thereafter any business activity would be unlawful.
9. As an authorized agent of the entity identified in this application, I certify that I have reviewed the above requirements and that the information provided in this application is true, correct, complete and current to the best of my knowledge and belief.

I ACKNOWLEDGE THAT I HAVE MADE COPIES OF ALL DOCUMENTS SUBMITTED TO KEEP FOR MY RECORDS AS PART OF THIS APPLICATION PROCESS.

21 I certify that I am the owner / applicant and I acknowledge the conditions of licensing and agree to all terms and acknowledgements.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**FOR CITY OF LAS VEGAS USE ONLY**

Fee Type	Amount	TN	Date Paid
Application Processing Fee			
HO Permit			
Origination			
License Fees			
Total:			

# LAS VEGAS HOME OCCUPATION PERMIT APPLICATION

Department of Planning - Business Licensing  
(702) 229-6281 (Voice) - (702) 229-9108 (TDD)  
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A Home Occupation Permit is required to operate any business from a residential location. The license applicant must initial and comply with all the conditions below. If you cannot comply with ALL the conditions listed, you CANNOT operate from a residence and you must find a properly zoned commercial address for your business.

Home Occupation Permits are only approved for the home location on the business license application. The Home Occupation Permit does not move to another residence. If the business is moved to another residence, a NEW Home Occupation Permit for the new location is required.

1. \_\_\_\_\_ Only the occupants of the dwelling unit shall be engaged in the business activity approved for the Home Occupation Permit.
2. \_\_\_\_\_ No employees shall report to work or be dispatched from the property.
3. \_\_\_\_\_ There shall be no transacting of business or offers to transact business with customers or clients who have come to the property.
4. \_\_\_\_\_ There shall be no signage or other advertising of any kind, whether on the property or elsewhere, which advertises the address or physical location of the property or identifies the existence of a Home Occupation on the property. A home telephone number or post office box may be advertised by any medium other than on-site language.
5. \_\_\_\_\_ No motor vehicle repair, paint or body work, commercial preparation of food for service on the premises, business related to or involving explosives, ammunitions or weapons, beauty parlor or barber shop, or ambulance or related emergency services shall be permitted as Home Occupation.
6. \_\_\_\_\_ A Home Occupation shall not create pedestrian, automobile or truck traffic in excess of the normal amount associated with residential uses in the district.
7. \_\_\_\_\_ A Home Occupation business shall be conducted exclusively within the main dwelling or within a accessory structure which has been approved for the Home Occupation Permit, except for horticultural activities.
8. \_\_\_\_\_ The number of on-site parking spaces shall not be reduced to less than two.

9. \_\_\_\_\_ No Home Occupation business shall create or cause noise, dust, light, vibration, gas, fumes, toxic or hazardous materials, smoke, glare, electrical interference or other hazards or nuisances either on or off the premises.
10. \_\_\_\_\_ There shall be no electrical or mechanical equipment which is not normally found in a residential structure and no equipment found on the premises shall cause a change in the fire safety or occupancy classification of the dwelling unit.
11. \_\_\_\_\_ There shall be no outdoor storage or use of any toxic chemicals or hazardous materials of any type or in any amount not normally found in a residential structure.
12. \_\_\_\_\_ No more than one vehicle with a maximum capacity of one ton shall be used in connection with a Home Occupation Permit.

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

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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APPROVED       DENIED      COMMENTS: \_\_\_\_\_

Date: \_\_\_\_\_