



Department of Business License

VINCENT V. QUEANO, DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

P.O. BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4252

(800) 328-4813

<http://www.clarkcountynv.gov/businesslicense>

Regulated Business License Checklist

Sidewalk Vendor License (NAICS 722340)

\$45 non-refundable application and \$150 license fee

Sidewalk Vendor licenses are governed and subject to all terms, regulations, and provisions of Clark County Code Title 7 Chapter 7.200

Please provide copies of all documents upon submission

APPLICATION PACKET

- NEVADA STATE BUSINESS LICENSE/ REGISTER WITH THE NEVADA SECRETARY OF STATE:**
NRS 76 requires all businesses, corporations, and partnerships operating in the State of Nevada to have a State Business License. All corporations, limited liability companies, partnerships, etc. are required to register their entities. Please visit the [Nevada Secretary of State's website](http://www.nvsecretaryofstate.gov) for more information. You may apply online at nvsilverflume.gov, or apply in person at the Secretary of State located at 2250 N. Las Vegas Blvd, Suite 400 North Las Vegas, NV 89030. Telephone: (702) 486-2880
- REGISTER WITH THE NEVADA DEPARTMENT OF TAXATION:**
You can now register online by visiting the [Nevada Department of Taxation website](http://www.nvtax.com) or apply online at nvsilverflume.gov. Nevada Department of Taxation (1st Floor), located at 555 E. Washington Las Vegas, NV 89101. Telephone: (702) 486-2300
- REGISTER YOUR BUSINESS NAME (DBA):** Businesses operating under a fictitious firm/doing business as (any name other than the business owner's legal name or the entity name registered with the Nevada Secretary of State) must file for a Fictitious Firm Name certificate with the Clark County Clerk's Office. Telephone: (702) 455-4431. Visit link for multiple locations <http://www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFirmNames.aspx>.
The filing must reflect the Entity Type listed with the Secretary of State.
Example:
John Doe dba "Handy Janitorial" (Sole Proprietor), ABC LLC dba "ABC" (Limited Liability Company), 123 Inc. dba "The Rock Star Group" (Corporation)
Note: A Fictitious Firm Name (DBA) is the name your business will use when advertising, including on store front, signs, business cards, websites, etc. Advertising under more than one name, will require multiple business licenses.
- APPLY FOR A HEALTH PERMIT:** Provide an approved health permit or show proof that you have applied with the Southern Nevada Health District (SNHD). *If using a commissary, the commissary address should be listed on your health permit.*
- Copy of Health Card issued by Southern Nevada Health District (for each owner)
- Proof of General Liability Insurance shall name Clark County as additional insured and include policy limits not less than:
 - \$250,000 for bodily injury or death of one person
 - \$500,000 for bodily injury or death of two or more
 - \$50,000 for injury or destruction of property in any one accident
- Commissary Lease Agreement (if applicable)
- Provide a Letter of Authorization or Power of Attorney if applying on behalf of an applicant(s)
- PROVIDE CONVEYANCE SPECIFICATIONS**
(ex. pushcart, stand, display, pedal driven cart, wagon, showcase or rack) and a drawing or photograph identifying the height, width, and length of the conveyance.
 - Must not exceed 25 square feet.
 - All equipment, food, materials, and signs used for vending must be contained on or within the conveyance.
 - Provide photo or diagram of conveyance with dimensions: Length x Width x Height.
- LICENSE FEE:** Payable to Clark County Department of Business License: \$195.00 (\$45.00 one-time non-refundable application fee and a \$150 license fee)
- COMPLETE CLARK COUNTY APPLICATION:**
 - Applications can be submitted online at: <https://blepay.clarkcountynv.gov/NAICSDefault.aspx>
 - In-person submission is available **by appointment only**.
 - Appointments are available Monday through Thursday between 8:00 a.m. to 3:00 p.m.
 - To schedule an appointment, click here: <https://kiosk.na6.gless.com/kiosk/app/home/11>.
 - If an interpreter is required during your appointment, please notify us at (702) 455-4340 or email BSidewalkVendor@ClarkCountyNV.gov.

PLEASE RETAIN A COPY OF COMPLETED FORMS FOR YOUR RECORD



togetherforbetter

CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

Each application for business license shall be accompanied by a **\$45.00 non-refundable application processing fee**
ADDITIONAL FEES APPLY BASED ON LICENSE CATEGORY.

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.
 Use **BLACK INK** only! Any incomplete, illegible or altered applications will not be accepted for processing.

A	BUSINESS INFORMATION		Fictitious Firm Name		Classification or Category			
	Business Name:		Doing Business As:		NAICS Code:			
B	BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).							
	Type of Business Ownership (Please select one)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership					
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)		Name: Last, First, MI, or Corporation/LLC		Title			
			Address Line 1		Address Line 2			
			City	State	Zip	% Owned		
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s) <i>(Attach additional pages as needed)</i>		Name: Last, First, MI, or Corporation/LLC		Title			
Address Line 1			Address Line 2					
City			State	Zip	% Owned			
C	BUSINESS BASICS and CONTACT INFORMATION							
	Business Location		Location Address Line 1		Location Address Line 2			
			City	State	Zip Code	Country		
			Email Address		Business Phone No.		Business Fax No.	
	Mailing Address <i>(If same as location, please indicate "location")</i>		Mailing Address Line 1		Mailing Address Line 2			
			City	State	Zip Code	Country		
			Authorized Contact Info		Authorized Contact Last Name		Authorized Contact First Name	
			Email address		Primary Phone		Cell Phone	
	Business Location Information		<input type="checkbox"/> Owned (If owned proceed to " Describe all business activity " at the top of the next page) <input type="checkbox"/> Leased (If leased please provide the following information for our records)					
			Lessor Name (Last, First, MI or Company Name)			Lessor Phone		
Lessor Address Line 1			Lessor Address Line 2					
City			State	Zip Code	Country			

C	Describe all Business Activity:		
	Date your business started at this location:		
	Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you purchased a business currently operating in Clark County?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you requesting a Temporary License?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION		
	Date Business Purchased:	Clark County Business License No.:	Owners Name:
		Number of Employees:	Square Footage of Premises:
	Does this business require a Professional or Occupational License issued by a State Board?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> If your answer is "Yes" please provide Name of Board:		
BUSINESS QUESTIONS			
D	Have you registered with the Nevada Secretary of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NV Business ID (required)
	I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing false, misleading or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.		
	Signature:	Print Name:	Date: