



Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810
LAS VEGAS, NEVADA 89155-1810

Secondhand Dealer Class II (Charitable) Regulated Business License Checklist

Charitable organizations as defined in Section 6.04.005

\$45.00 one-time application fee

Please provide copies of all documents upon submission

APPLICATION PACKET

Charitable organizations as defined in Section 6.04.005

The location address is subject to public safety approvals.

Please note: If applying as a Charitable Secondhand Dealer Class II, the applicant must be registered as a charitable organization.

In order to register, please provide the following:

1. Copy of Federal 501(c)(3)
2. Copy of Federal 990
3. Copy of List of Board Members
4. Copy By Laws
5. Complete Clark County Business License Application

Secondhand Dealer Class II (Charitable) Regulated Business License Checklist

- COPY OF YOUR CHARITABLE REGISTRATION**
- DETERMINE JURISDICTION AND LAND USE:**
To confirm if the business address is located within the unincorporated Clark County jurisdiction, the type of business activities permitted by zoning district, and for information regarding online land use application submittals; please visit <https://www.clarkcountynv.gov/comprehensive-planning/Pages/forms.aspx> or contact a planner at zoning@clarkcountynv.gov Telephone: (702) 455-4314.
- NEVADA STATE BUSINESS LICENSE/ REGISTER WITH THE NEVADA SECRETARY OF STATE (non-profit status):**
Please visit the [Nevada Secretary of State's](http://www.nevadasecretaryofstate.com) website 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](http://www.nevadadepartmentoftaxation.com) website or apply online at nvsilverflume.gov. Nevada Department of Taxation located at 700 E. Warm Springs Rd., 2nd Floor, Las Vegas, NV 89119. 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](http://www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFirmNames.aspx) 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.
- PHYSICAL LOCATION REQUIRED:** Proof of right to the business location.
Complete copy of executed lease and the *Permitted Use as Secondhand Dealer (type of category applied for/business activities), and signed by all parties. Ensure unit or suite number is listed. If applying as an LLC/Corp; Lessee must be listed in the entity name OR if Sole Proprietor, lessee must be listed in applicant(s) name.*
- COMPLETE APPLICATION**
- LICENSE FEE:** Payable to Clark County Department of Business License: \$45.00
- COMPLETE TEMPORARY LICENSE (Approval process for temporary is six to eight weeks)**
- Provide a Letter of Authorization or Power of Attorney if applying on behalf of an applicant(s)

PLEASE RETAIN A COPY OF COMPLETED FORMS FOR YOUR RECORD



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? Are you requesting a Temporary License? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <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: |