



# Department of Business License

Vincent V. Queano, Director

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

Toll Free: (800) 328-4813

Fax: (702) 386-2168

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

## TEMPORARY STORE APPLICATION CHECKLIST

### APPLICATION PACKET (Please provide copies of all documents upon submission)

- “AM I IN CLARK COUNTY?”/ DETERMINE JURISDICTION AND LAND USE:**  
To confirm if the business address is located within the jurisdiction of unincorporated Clark County, the type of business activities permitted by zoning district, and for information regarding online land use application submittals.
  - Comprehensive Planning Contact Information:** Website: <https://www.clarkcountynv.gov/comprehensive-planning/Pages/forms.aspx>; Email: [zoning@clarkcountynv.gov](mailto:zoning@clarkcountynv.gov); Telephone: 702-455-4314
- REGISTER/OBTAIN STATE LICENSE WITH THE NEVADA SECRETARY OF STATE:**  
State law requires all businesses, corporations, and partnerships operating in the State of Nevada to have a State Business License. All corporations, limited liability companies, partnerships, sole proprietorships, etc. are required to register their entities. Please visit the [Nevada Secretary of State’s website](#) for more information. You may also apply online at [nvsilverflume.gov](https://nvsilverflume.gov).
  - Secretary of State Contact Information:** Website: <https://www.nvsos.gov/sos>; Telephone: 702-455-4314; Location: inside North Las Vegas City Hall, 2250 N. Las Vegas Blvd., Suite 400, North Las Vegas, NV 89030
- REGISTER WITH THE NEVADA DEPARTMENT OF TAXATION:**  
You can now register online by visiting the [Nevada Department of Taxation website](#) or apply online at [nvsilverflume.gov](https://nvsilverflume.gov).
  - Nevada Department of Taxation Information:** Website: <https://tax.nv.gov/>; Telephone: 702-486-2300; Location: 700 E. Warm Springs Rd., 2nd Floor, Las Vegas, NV 89119.
- (If applicable) 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. The filing must reflect the Entity Type listed with the Secretary of State.
  - Note: A Fictitious Firm Name (DBA) is the name your business will use when advertising, including on storefronts, business cards, websites, etc. Advertising under more than one name will require multiple business licenses.*
    - Example: John Doe dba “Handy Janitorial” (Sole Proprietor), ABC LLC dba “ABC” (Limited Liability Company), 123 Inc. dba “The Rock Star Group” (Corporation)
  - Clark County Clerk’s Contact Information:** Telephone: 702-455-4431; Website: [https://www.clarkcountynv.gov/government/elected\\_officials/county\\_clerk/location\\_and\\_hours.php](https://www.clarkcountynv.gov/government/elected_officials/county_clerk/location_and_hours.php).
- PROOF OF PHYSICAL LOCATION REQUIRED:**  
At time of application, you must provide proof of right to the business location. Physical locations are required for all applications; *mailboxes or P.O. Boxes are not accepted.* Complete the Landlord/Lessor information section on Clark County Business License Application, if applicable.
- PROOF OF BOND OR INSURANCE REQUIRED:**  
At time of application, you must provide a copy of applicable bond or proof of event insurance.
- COMPLETE CLARK COUNTY APPLICATION:**  
As part of your business license application packet, you will be asked to provide the following:
  - Required attachments:
    - Prior to issuing a license, a copy of your State Business License from the Nevada Secretary of State; and
    - A letter of authorization, or power of attorney, if applying on behalf of applicant(s)
- PAY APPLICABLE FEES:**  
Fees in the amount of \$45.00 one-time **non-refundable** application fee plus a \$150.00 licensing fee. Prior to being granted a license the following will be due, the applicable annual business license fee for the licensing category. Business license fees are based upon described services and business activities. If providing more than one service, or conducting more than one activity, multiple licenses may be required. In order to determine the type of license, business license fee, and NAICS Code, visit: [https://www.clarkcountynv.gov/business/doing\\_business\\_with\\_clark\\_county/business\\_license\\_fees.php](https://www.clarkcountynv.gov/business/doing_business_with_clark_county/business_license_fees.php)



# 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.

<b>A</b>	<b>BUSINESS INFORMATION</b>		<b>Fictitious Firm Name</b>		<b>Classification or Category</b>		
	Business Name:		Doing Business As:		NAICS Code:		
<b>B</b>	<b>BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).</b>						
	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		
<b>C</b>	<b>BUSINESS BASICS and CONTACT INFORMATION</b>						
	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		Auth. Contact MI
			Email address		Primary Phone		Cell Phone
	Business Location Information		<input type="checkbox"/> Owned (If owned proceed to <b>"Describe all business activity"</b> 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		

<b>C</b>	<b>Describe all Business Activity:</b>		
	<b>Date your business started at this location:</b>		
	<b>Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Have you purchased a business currently operating in Clark County? Are you requesting a Temporary License?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION</b>		
	<b>Date Business Purchased:</b>	<b>Clark County Business License No.:</b>	<b>Owners Name:</b>
		<b>Number of Employees:</b>	<b>Square Footage of Premises:</b>
	<b>Does this business require a Professional or Occupational License issued by a State Board?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> <b>If your answer is "Yes" please provide Name of Board:</b>		
	<b>BUSINESS QUESTIONS</b>		
<b>D</b>	<b>Have you registered with the Nevada Secretary of State?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NV Business ID (required)</b>
	<b>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.</b>		
	<b>Signature:</b>	<b>Print Name:</b>	<b>Date:</b>