



# Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD  
FLOOR BOX 551810  
LAS VEGAS, NEVADA 89155-1810  
Tel: 702-455-4252 or Toll Free: 800-328-4813

## APPLICATION for DRIVER-DEL As an Independent Contractor for Commercial Businesses

Please be advised that the information provided may be subject to public records disclosure and may appear on the Clark County Business License website as well as Public Information Reports. Please use **BLACK INK** only for legibility. Any incomplete, illegible or altered applications cannot be accepted for processing.

Fees due for this application are \$70 (\$45 non-refundable application fee + \$25 annual license fee). Applications may be mailed in or dropped off with a check or money order in the amount of \$70 payable to: *Clark County Business License*. You may pay in person from 07:30AM to 5:00PM Monday - Thursday at our office with cash, check or debit card only. Our offices are closed on Fridays.

<b>BUSINESS INFORMATION – 100% owner</b>		<b>Category</b>
<b>A</b>	Last Name	First Name (& Middle Initial) <b>NAICS Code: 492111</b>
<b>B</b> Licenses will be mailed to location address unless otherwise indicated below:		
	Home or License Hang Address Line 1	Home or License Hang Address Line 2, City, State, Zip Code
<b>C</b> Renewals will be mailed to mailing address, if different from location address:		
	Mailing Address Line 1, if different than above	Mailing Address City, State, Zip Code, if different than above
<b>D</b> <b>REQUIRED: Name(s) of Company(s) that contract your services and type of transportation you provide:</b> Provide the names of businesses using your services: 1. _____ 2. _____ 3. _____ Please describe the type of transportation you are providing:      Goods      Services		
<b>F</b> <b>REQUIRED STATE INFORMATION</b>		
Have you registered with the Nevada Secretary of State?		<input type="checkbox"/> Yes <input type="checkbox"/> No <b>NV Business ID (required)</b>
I certify the information provided herein and attached is true and accurate to the best of my knowledge and 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. The date of your signature below will be considered your <u>business start date</u> for licensing purposes.		
<i>The following information is required for all delivery drivers for commercial establishments.</i>		
Owner Email Address		Cell Phone      Home Phone
Signature		Date