



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>

REQUEST FOR DUPLICATE LICENSE

- Each request for a duplicate license must be accompanied by a \$5.00 license reprint fee.
- Please fill out form completely; use **black** ink only; *incomplete, illegible, or altered application forms will be returned.*
- Payments can be made by in person, via cash or debit card, or mailed to the address above via check, cashier's check, or money order made payable to: Clark County Department of Business License.
- Note:
 - TNC Drivers: All requests for duplicate licenses will be processed and mailed to the *business location address* on file only.
 - Independent Outcall Massage Therapists: All requests for duplicate licenses will be processed and mailed to the *business location address* on file only.

BUSINESS INFORMATION

Business Name:		Business License Number:	
Business Address:		City/ State:	Zip Code:
Business Owner Name (First, M.I., Last):		Business Phone Number:	
Business/ Contact Email Address:			

REQUEST INFORMATION

Please select one (1) of the following options:

Temporary/ One-time Requests		Permanent Change/ Update Request	
<input type="checkbox"/>	Request a duplicate license one-time to a temporary mailing address (<i>provided below</i>).	<input type="checkbox"/>	Request to permanently update/ change mailing address and mail a duplicate license to the new, permanent mailing address (<i>provided below</i>).
Business Name:		Business Name:	
Temporary Mailing Address:		Updated Mailing Address:	
City/ State:	Zip Code:	City/ State:	Zip Code:

SIGNATURES (*requires signatures of owner, officer, authorized or legal signer*)

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 and Title	Date