



# 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 REFUND

- Fill out form completely; use **black ink**; *incomplete forms will be returned.*
- Requests must be made by a business owner or officer on record.
- Be as specific as possible for the reason for the refund.

### BUSINESS INFORMATION

Clark County Business License Number:		Business Name:	
Business Address:		City/ State:	Zip Code:
Business Ownership Name(s):			
Business Contact Email Address:		Business Phone Number:	

### REFUND REQUEST INFORMATION

Refund Amount Requested:	<i>Note: Application fees and penalties are non-refundable.</i>
--------------------------	---

### Reason for Refund Request

*Choose the reason(s) for the refund request and provide a brief explanation in the space provided below.*

<input type="checkbox"/> Application Withdrawn/ Terminated	<input type="checkbox"/> License Denied		
<input type="checkbox"/> Overpayment of Fees	<input type="checkbox"/> Business Never Opened/ Operated		
<input type="checkbox"/> Business moved: <i>(Select and complete)</i>	<input type="checkbox"/> Las Vegas	License #	Date Issued:
	<input type="checkbox"/> North Las Vegas	License #	Date Issued:
	<input type="checkbox"/> Henderson	License #	Date Issued:

Other *(any reason not listed above):*

Explanation of Request:

### REFUND PAYMENT INFORMATION

*If approved, refunds are only issued via check and payment will be refunded to the Owner of record or Fictitious Firm Name (DBA) indicated on business license. Please allow up to eight (8) weeks for processing.*

Payable to *(must be payable to Owner as listed on license):*

Address:		City/ State:	Zip Code:
Requestor's Name:		Requestor's Title:	
Requestor's Email Address:		Contact Phone Number:	Alternate Phone Number:

### SIGNATURE *(requires signature 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 and supporting documentation may be grounds for denial.

_____ Signature	_____ Printed Name	_____ Date
--------------------	-----------------------	---------------