



**Clark County**  
**Department of Business License**  
500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR  
BOX 551810  
LAS VEGAS, NEVADA 89155-1810  
(702) 455-4252  
(800) 328-4813  
FAX (702) 386-2168  
EMAIL: [CHAP@clarkcountynv.gov](mailto:CHAP@clarkcountynv.gov)  
<http://www.clarkcountynv.gov/businesslicense>

**OUT OF BUSINESS FORM**  
**or**  
**REQUEST TO WITHDRAW APPLICATION**  
**FOR BUSINESS LICENSE**

**Please Note:** The owner(s), officer(s), authorized or legal signer must sign and complete the form. Request must be signed by **ALL** owners when the business is a Partnership. Incomplete forms will be returned.

Forms can be submitted either by mail, fax, or email address as listed above.

**Business Name:** \_\_\_\_\_

**Business License Number(s):** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Business Ceased Operating (MM/DD/YYYY):** \_\_\_\_\_

\_\_\_\_\_  
**First & Last Name (Printed)**

\_\_\_\_\_  
**Signature & Title**

\_\_\_\_\_  
**Date**