



# Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

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

## INDEPENDENT MESSAGE THERAPIST AND REFLEXOLOGIST BUSINESS LICENSE CHECKLIST

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

- DETERMINE JURISDICTION**  
Confirm the business address is located within the unincorporated Clark County jurisdiction, visit:  
<https://maps.clarkcountynv.gov/gismo/apps/jurisdiction/app/index.html>
- REGISTER WITH/ OBTAIN LICENSE FROM NEVADA STATE BOARD OF MASSAGE THERAPY**  
Please visit the [Nevada State Board of Massage Therapy](http://massagetherapy.nv.gov/) at <http://massagetherapy.nv.gov/> for more information.
- REGISTER/OBTAIN STATE LICENSE WITH THE NEVADA SECRETARY OF STATE**  
If you are a corporation, limited liability company, limited partnership, or limited-liability partnership, you must file (register) with the Nevada Secretary of State. Please visit the [Nevada Secretary of State's](http://nvsecretaryofstate.gov/) website for more information. You may apply online at [nvsilverflume.gov](http://nvsilverflume.gov), or apply in person at the Secretary of State located at 2250 N. Las Vegas Blvd, Suite 400 North Las Vegas, NV 89030. Telephone: (702) 486-2880
- REGISTER WITH THE NEVADA DEPARTMENT OF TAXATION**  
You can now register online by visiting the [Nevada Department of Taxation](http://nevadadepartmentoftaxation.com/) website or apply online at [nvsilverflume.gov](http://nvsilverflume.gov). Nevada Department of Taxation is located at 700 E. Warm Springs, 2nd Floor, Las Vegas, NV 89119. Telephone: (702) 486-2300
- 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](http://clarkcountynv.gov/) Office. Telephone: (702) 455-4431

  - *Note:* A Fictitious Firm Name (DBA) is the name your business will use when advertising, including on store front, signs, business cards, websites, etc. Advertising under more than one name, will require multiple business licenses.
  - *Examples:* John Doe dba "Handy Janitorial" (Sole Proprietor); ABC LLC dba "ABC" (Limited Liability Company); 123 Inc. dba "The Rock Star Group" (Corporation)
- (if applicable)* **PROVIDE A SPACE SHARING LETTER**

  - Independent Massage Therapists *who rent a space or booth* from a massage establishment must submit a Space Sharing Letter from the establishment, indicating the establishment name, address, and space number.
  - Independent Massage Therapists *who do not rent a space or booth* from an establishment and who only perform outcall services, may utilize their home address as the business location address. However, massage services are not to be provided from the home location.
- COMPLETE CLARK COUNTY APPLICATION**  
Applications can be submitted online through <https://blepay.clarkcountynv.gov>, or submitted in-person at the Department of Business License office during normal business hours.
- PAY FEES**  
Fees for an independent massage therapist or reflexologist may be paid either online, or in-person, however you choose to submit your application.

  - **Independent Massage Therapist:** For initial applications, there is a \$45.00 non-refundable application fee, plus an initial fee of \$25.00 (\$70.00 for initial application and licensing).
    - Licenses for independent massage therapists are semi-annual, and renewal fees will be based on a percentage of gross revenue. The table for semi-annual gross revenue license fees is available on our website, visit: [https://www.clarkcountynv.gov/business/doing\\_business\\_with\\_clark\\_county/divisions/business\\_license\\_billing\\_payments/forms.php](https://www.clarkcountynv.gov/business/doing_business_with_clark_county/divisions/business_license_billing_payments/forms.php), choose "Gross Fee Schedule."
  - **Independent Reflexologist:** For initial applications, there is a \$45.00 non-refundable application fee, plus an annual fee of \$200.00 (\$245.00 for initial application and licensing).
    - Licenses for independent reflexologists are annual, and the annual renewal fee is \$200.00. The table for flat fee licenses is available on our website, visit: [https://www.clarkcountynv.gov/business/doing\\_business\\_with\\_clark\\_county/divisions/business\\_license\\_billing\\_payments/forms.php](https://www.clarkcountynv.gov/business/doing_business_with_clark_county/divisions/business_license_billing_payments/forms.php), choose "Flat Fee Schedule."

Fee Table	Massage Therapist	Reflexologist - Certified
	NAICS Code: 621398	NAICS Code: 621396
Application Fee:	\$45.00	\$45.00
License Fee:	\$25.00	\$200.00
Total Initial Application Cost:	\$70.00	\$245.00



# 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	
	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>