



City of Henderson

Business Registration Form

240 Water Street, Henderson, NV 89015 (702-267-1730)

Mark all that apply:

New Business Change in Ownership or Reorganization¹ Change in Name¹ Change in Location²

Other _____

Additional, or Change to, Business Activity for Currently Licensed Business

(In the area below, describe all business activity to be conducted with the new activities clearly identified.)

Type Of Business Organization:

Sole Proprietor General Partnership
 Limited Partnership Limited Liability Company Corporation

Name of Applicant (as filed with the NV Secretary of State):

Nevada Business ID: NV _____

Anticipated Opening Date in Henderson: _____

Business Name (DBA): _____

¹ Previous Business Name/Ownership: _____

Business E-mail Address: _____

Business Phone: _____

Business Fax: _____

Business Address:

Street: _____

Mailing Address:

Street: _____

City, State, Zip: _____

City, State, Zip: _____

Property Owner: _____

² Previous Business Address: _____

Business Activities To Include:

Alcohol/Liquor Sales*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Door to Door Solicitations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Product Sales (Used)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bookkeeping	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gaming/Gambling**	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reflexology	Yes <input type="checkbox"/> No <input type="checkbox"/>
Check Cashing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interior Design	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexually Oriented	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cosmetology	Yes <input type="checkbox"/> No <input type="checkbox"/>	Massage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tobacco Sales	Yes <input type="checkbox"/> No <input type="checkbox"/>
Counseling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Product Sales (New)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tobacco Paraphernalia	Yes <input type="checkbox"/> No <input type="checkbox"/>

***If applying for Alcohol/Liquor Sales, identify the classification(s) below:**

<input type="checkbox"/> Beer/Wine/Spirit-based Off-Sale	<input type="checkbox"/> Craft Distillery	<input type="checkbox"/> Instructional Wine Making
<input type="checkbox"/> Beer/Wine/Spirit-based On-Sale	<input type="checkbox"/> Craft Distillery Combo	<input type="checkbox"/> Liquor Manufacturer
<input type="checkbox"/> Beer/Wine/Spirit-based Tasting	<input type="checkbox"/> Full Liquor Off-Sale	<input type="checkbox"/> Nonrestricted/Limited Gaming
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Full Liquor On-Sale	<input type="checkbox"/> Restaurant with Bar
<input type="checkbox"/> Brew Pub Combo	<input type="checkbox"/> Gift Basket Liquor	<input type="checkbox"/> Tavern
<input type="checkbox"/> Catering Liquor	<input type="checkbox"/> Grocery Store/Internet	<input type="checkbox"/> Wholesale/Import Liquor

Business Description: Provide a concise description of the business activities to be conducted. Be certain that all phases of the business to be transacted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for denial of the license or the revocation of the license. Attach separate sheet if necessary.

Gross Revenue Declaration:

(If applicable to classification)

Quantity Declaration:

(If applicable to classification;
of professionals, vehicles,
stations, chairs, etc.)

****GAMING LICENSES ONLY** Owner/Operator Space Lease³ Participation Agreement³

³ With whom is the lease or agreement? _____

Games being applied for:

Bingo Keno Race Book Sports Pool

Number of Gaming Machines: _____

Status of the State Gaming Approval:

Approved _____ Pending _____
Date of approval Anticipated Date of approval

Name of Owner(s), Partners, Corporate Officers, etc:			
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:
Certification:			
<p>I, the undersigned have answered all questions in the above application, and to the best of my belief all answers are true and correct. I further understand that disclosure of any false or misleading information or any incomplete answers in the above could result in automatic denial, or revocation, of the license if already issued: In addition, I acknowledge and understand the following:</p> <ol style="list-style-type: none"> 1. I cannot commence operation until such time as the required department approvals have been obtained, including but not limited to a Health Permit and filing with the Nevada Department of Taxation, where applicable. 2. I cannot commence operation until approval is received from the Business Operations Division. 3. I must notify the Business Operations Division, in writing, of any change including business name, addresses, ownership, corporate officers, management or key employee, where applicable. 4. I may not operate the business for which this application is made at any other address than that listed on this application. 5. I am solely responsible for maintaining current and active licenses applicable to the operation of our business, including ensuring the payment of fees in accordance with the appropriate licensing categories. 6. I accept that payments must be received by the City prior to their respective due dates and that a postmark shall not be recognized as meeting the receipt requirement. 7. I am not required to be notified by the Business Operations Division when license fees are due and payable and failure by the Division to provide such notification does not constitute a waiver of the payment of license or delinquency fees. 8. I may be subject to issuance of a misdemeanor citation for each and every day I am in violation of any of the above. 9. Should this application be granted, I accept same subject terms and provisions thereof and further acknowledge that I am subject to all current provisions of Title 4 of the Henderson Municipal Code as well as such rules and regulations as may at any time be adopted or enacted by the City Council of the City of Henderson, Nevada and specifically agree to observe and keep all of the provisions of such ordinances. 			
Signature of Applicant:			Date:

Office Use Only:

Date Processed: _____

Inspection Process Required: Yes No **Inspection Window:** _____ to _____

License Number(s): _____ **NAICS:** _____

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as) **Type of Business** **Business Telephone Number**

Business Address **City** **State** **Zip Code**

Federal Identification No. **Social Security No.** **Contractor's Board License No.**

Name of Principal Owner (Please Print) **Principal Owner's Telephone No.**

Principal Owner's Address **City** **State** **Zip Code**

Identified as: (Complete one section only)

() That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage Account Number

() That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

() That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date Certificate Number

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): () Individual () Sole Proprietor () Partnership () Corporation

Name of Applicant (Please Print) **Applicant's Telephone No.**

Applicant's Residence Address **City** **State** **Zip Code**

I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee) **Applicant's Title**

Witness Signature - (Business License Office Employee) **Name of City or County**

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

To fill in the blanks with your information, place cursor in first blank area, enter Business Name and hit the tab key to continue through the document. Print when finished. This document cannot be saved as it is a Read Only document.



Michele W. Shafe Clark County Assessor

NEW BUSINESS INFORMATION

(Please Print)

BUSINESS NAME (DBA): _____ PHONE: _____

DATE OPENED OR ANTICIPATED OPENING: _____

LOCATION ADDRESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

OWNER OR CONTACT PERSON: _____

WAS THIS A CHANGE TO AN EXISTING BUSINESS? YES ___ NO ___

IF YES, INDICATE PREVIOUS NAME OF BUSINESS _____

PREVIOUS LOCATION, IF APPLICABLE _____

ARE THERE ADDITIONAL LOCATIONS FOR THIS BUSINESS? YES ___ NO ___

(If yes, please list additional locations and attach to form)

SIGNATURE: _____ DATE: _____

****If you have any questions regarding the assessment of Business Personal Property please contact our office at:**

**500 S. Grand Central Pkwy #P.O. Box 551401
Las Vegas, NV 89155-1401
Phone (702) 455-4997**

FOR OFFICIAL USE ONLY

Tax District: _____ Area: _____ 99- _____



CITY OF HENDERSON - BUSINESS LICENSE DIVISION COMMUNITY DEVELOPMENT ZONING COMPLIANCE CHECK

DBA/Name of Proposed Business: _____

Applicant / Contact Name: _____

Address of Proposed Business: _____ Suite # _____ Henderson, NV _____

Phone: () _____ Cell: () _____ **Anticipated start date of business:** _____

Email: _____

Ownership Status: New Business Change of Ownership Business Name Change

1. Concisely describe the specific business activity: _____

2. Does the business use or store hazardous materials/chemicals? Yes No

If YES, applicant must complete hazardous materials questionnaire (available at Community Development).

* **Home based business only** – By signing below, you are acknowledging you have read and will comply with the Home Occupation standards in Section 19.5.7.D.5 of the Henderson Municipal Code. Also, you are acknowledging you are the property owner or have obtained permission from the property owner to operate a home-based business at the above-referenced address. Non-compliance is grounds to revoke the business license.

* **Nonresidential locations only** - A site plan or building layout that clearly identifies the location the business will be occupying is required for all applications.

The information provided above is accurate and correct. _____

Applicant Signature

Date

Final approval by the Community Development Department IS NOT GRANTED until the items listed below and on-site inspections are completed.

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

APN		<input type="checkbox"/> ADDRESS VERIFIED
Zoning		<input type="checkbox"/> HOME-BASED BUSINESS
Use Classification and Comments	_____ _____	
Check all that are required:	<input type="checkbox"/> Conditional Use Permit # _____ <input type="checkbox"/> Temporary Use Permit # _____ <input type="checkbox"/> Design Review # _____ <input type="checkbox"/> Variance # _____ <input type="checkbox"/> Vehicle Travel Distance # _____ <input type="checkbox"/> Zone Change # _____ <input type="checkbox"/> Pre-existing Use _____ <input type="checkbox"/> Other _____	
Status:	<input type="checkbox"/> PERMITTED <input type="checkbox"/> DENIED	
	<input type="checkbox"/> PENDING _____	
Checked by:	_____ Community Development	Date: _____ _____ Applicant Initials

*PLEASE PRINT ALL INFORMATION LEGIBLY *



Executive Suite Location Acknowledgement Form

This form must be completed by the executive suite and returned to the Business License Division with the business license registration packet.

Executive Suite Information			
Name:			
Address:			
City of Henderson Business License Number:			
Business License Applicant Information			
Business Name:			
Assigned Phone Number: <small>Please list the phone number assigned to the business.</small>		Assigned Suite/Office Number: <small>For businesses occupying a specific suite/office within the location, please list the suite/office number assigned to the business.</small>	
<p>Signing this acknowledgement affirms that the business is located in your facility and you are acknowledging that the above named executive suite business is providing, to the business license applicant named above, the minimum location requirements set forth in Henderson Municipal Code 4.04.010 which states, “Executive suites” or “shared office” business means one whose primary business is to maintain a number of individual rooms, cubicles, or offices for use by other businesses and to provide personalized telephone answering and mail service and one or more of the following: a separate business listing in a public area; a reception area with receptionist; a definite number of hours of use of an office; use of a conference or meeting room; exclusive use of an office; availability of secretarial, clerical, and/or data processing staff; availability and use of office equipment.”</p>			
Signed:		Date:	

Please note: In order for clients of an executive suite to obtain a business license at an executive suite location, the business must have an assigned suite/office or meet the minimum location requirements.

In addition, Henderson Municipal Code prohibits “license hanging”. Please see the reverse of this form for additional information regarding license requirements.

Henderson Municipal Code - 4.04.020 License required.

- A. It shall be a violation of the provisions of this title for any person to commence, carry on, engage in or continue in the city any business without first obtaining a license and paying the appropriate license fee as provided by terms and provisions of this title.
- B. A license shall only be issued if the applicant has a fixed place of business from which the business will be conducted, unless the title specifically states otherwise. Once issued a license, the licensee shall not engage in business from any other premises other than the one for which the license was issued.
- C. No licensee engaged in business within the city limits of the city of Henderson shall allow the license of any other business to be displayed, i.e. “hang,” at the licensee’s premises. For purposes of this subsection, a license “hang” is defined as using the address of a licensed business as the business address of another business not actually in operation at the licensed location.
- D. Upon the filing of a complete and accurate business license application and the payment of all required fees, the applicant may be issued either a permanent or a temporary business license by the division. A permanent license will be issued provided that the requirements of all appropriate federal, state, county and municipal laws and regulations have been met and that all specific requirements of all departments of the city have been met and properly approved. A temporary business license may be issued and if issued shall permit the applicant to engage in the business designated at the location so stated for a period of up to, but not to exceed, sixty days, within which all inspections and requirements imposed upon the applicant by the various departments or divisions of the city are to be complied with. Upon the recommendation by the various departments or divisions within the city, the division shall have the discretion to extend a temporary business license for a period of an additional sixty days. It shall be the sole responsibility of the applicant to schedule all follow-up inspections necessary to comply with all the requirements and corrections. Should the applicant have not met the requirements as set forth by the departments or divisions of the city within the maximum prescribed time limit of one hundred twenty days, the temporary license shall be deemed expired. Continued operation of the business shall constitute a violation of this title, and the business shall be subject to legal action as prescribed by this title, the penalties for which are described in Section 4.04.230.
- E. The above stated provisions for a temporary business license shall be in addition to those provisions applying to privileged business licenses or any business which requires formal approval by the council, unless the director has first given tentative approval in accordance with Section 4.04.170.
- F. The address of a commercial mail receiving agency (“CMRA”) may be used for the mailing address of a business not owned and operated by the owner(s) of said CMRA, but must not be represented or held out to be the physical location of such business. A designation of “suite,” “number,” “room,” “apartment (apt.)” or any similar designation so as to lead a reasonable and prudent person to believe that the address is the physical location of the business shall not be used. The owner or operator of a CMRA shall keep on file the Form 1583 as required by the United States Postal Service and shall make the same available to the director, his designee or an officer of the business license division upon request.
- G. It shall be the responsibility of the owner or operator of the CMRA to inform any and all clients of the above requirement.
- H. Licenses may be issued to businesses proposed to be located in properly licensed executive suites or shared office locations. It shall be the responsibility of the owner/operator of the executive suites or shared office business to obtain, maintain, and produce upon request by the city the records on each tenant of said business, including but not limited to a credit application, an application that includes identifying information regarding the names and residential addresses of each owner or corporate officer, a completed postal service form 1583 (if mail service is part of the services provided), and a completed and signed service contract or service agreement between the licensed executive suites or shared office business and the proposed business. (Ord. 2002 § 1 (part), 2000)



GROSS REVENUE BUSINESS LICENSE FEE SCHEDULE AND REPORTING INSTRUCTIONS

This schedule is to be used in the determination of business license fees which are based on semi-annual gross revenue. The **initial license fee** shall be based on a true estimate of anticipated gross revenues for the **first 5 months** of operations. Fees for the second license period should also be based on gross revenues generated during those initial 5 months of operations. The calculation of fees for the **third semi-annual period and all other periods** thereafter, shall be based on revenues generated during the previous **6 months**. For example: If the third license renewal period due date is 7/31/XX, then gross revenues should be calculated from 1/1/XX through 6/30/XX.

TOTAL GROSS REVENUE		SEMI-ANNUAL LICENSE FEE
FROM	TO	
\$0.00	\$ 12,000.00	\$ 25.00
12,001.00	18,000.00	35.00
18,001.00	24,000.00	42.00
24,001.00	30,000.00	54.00
30,001.00	45,000.00	66.00
45,001.00	90,000.00	78.00
90,001.00	135,000.00	90.00
135,001.00	180,000.00	100.00
180,001.00	240,000.00	120.00
240,001.00	300,000.00	167.00
300,001.00	360,000.00	200.00
360,001.00	420,000.00	230.00
420,001.00	480,000.00	270.00
480,001.00	540,000.00	300.00
540,001.00	600,000.00	350.00
600,001.00	660,000.00	370.00
660,001.00	720,000.00	400.00
720,001.00	780,000.00	440.00
780,001.00	840,000.00	470.00
840,001.00	900,000.00	500.00
900,001.00	960,000.00	540.00
960,001.00	1,020,000.00	570.00
1,020,001.00	1,080,000.00	600.00
1,080,001.00	1,140,000.00	640.00
1,140,001.00	1,200,000.00	670.00
1,200,001.00	AND OVER	MULTIPLY BY .00056

THIS SCHEDULE IS FROM CITY OF HENDERSON MUNICIPAL CODE 4.05.010



City of Henderson

Business License Supplemental Information

240 Water Street Henderson, Nevada 89015 • 702-267-1730

State of Nevada SilverFlume

Register for a State of Nevada Business License or Exemption, Worker's Compensation, Nevada Labor Laws, and Nevada Department of Taxation requirements

555 E Washington Ave., Las Vegas, NV 89101

Register online at www.nvsilverflume.gov

Driving directions: Exit I-515 N/US-93 N/US-95 N at Eastern Ave, go north on Eastern Ave. and turn left at E Washington Ave. The Grant Sawyer Office Building, 555 E Washington Ave, will be on your left.

BUSINESS LICENSING IN SOUTHERN NEVADA:

City of Boulder City

401 California St.
Boulder City, NV 89005
702-293-9219
bcnv.org

City of Las Vegas

333 N Rancho Dr
Las Vegas, NV 89101
702-229-6281
lasvegasnevada.gov

City of North Las Vegas

2250 Las Vegas Blvd North
North Las Vegas, NV 89030
702-633-1520
cityofnorthlasvegas.com

Clark County

500 S Grand Central Pkwy
Las Vegas, NV 89155
702-455-4252
clarkcountynv.gov

STATE AGENCIES AND CONTACTS:

Nevada Secretary of State

555 E Washington Ave
Suite 5200
Las Vegas, NV 89101
1-800-450-8594
nvsos.gov

Department of Taxation

Las Vegas Office:
555 E Washington Ave., Ste 1300
Las Vegas, NV 89101
1-866-962-3707
tax.state.nv.us

Department of Taxation

Henderson office:
2550 Paseo Verde Pkwy, Ste 180
Henderson, NV 89074
1-866-962-3707
tax.state.nv.us

Nevada State Health Division

4150 Technology Way
Carson City, NV 89706
775-684-4200
health.nv.gov/HCQC.htm

State of Nevada Contractor's Board

2310 Corporate Circle
Ste 200
Henderson, NV 89074
702-486-1100
nvcontractorsboard.com

Nevada Department of Motor Vehicles

1399 American Pacific Dr.
Henderson, NV 89074
702-486-4368
dmvnev.com

Nevada Department of Business and Industry

555 E Washington Ave.
Ste 4900
Las Vegas, NV 89101
702-486-2750
business.nv.gov

Nevada Division of Industrial Relations

400 W King St.
Ste 400
Carson City, NV 89703
702-486-9080
dirweb.state.nv.us

RESOURCES:

Clark County Clerk

(Fictitious Firm Name/dba filings)
200 Lewis Ave, 5th Floor, 89101
---or---
500 S Grand Central Pkwy 89155
Las Vegas, NV
---or---
240 S Water St.
Henderson, NV 89015
This location only open Thursdays
8:30 am – 12:30 pm & 1:30-5:00 pm
702-671-0500
clarkcountynv.gov

City of Henderson

Animal Control
300 E Galleria
Henderson, NV 89011
702-267-4970, option 4

Henderson Chamber of Commerce

590 S Boulder Hwy
Henderson, NV 89015
702-565-8951
hendersonchamber.com

Southern Nevada Health District

520 E Lake Mead Pkwy
Suite F
Henderson, NV 89015
702-759-1040
or
330 S. Valley View Blvd
Las Vegas, NV 89152
702-759-1000
southernnevadahealthdistrict.org

Nevada Small Business Development Center

1951 Stella Lake St.
Las Vegas NV 89106
or
8050 Paradise Rd.
Ste 100
Las Vegas NV 89123
702-876-0003

Once you have obtained your City of Henderson Business License, you can set up an account online at cityofhenderson.com to pay your semiannual license renewals.

Under the online services tab, click Pay Business License Fees Online, then create a new account.

Please make note of your username and password as the City does not retain or have access to this information.

Business Name/DBA/Fictitious Firm Name Filing

The following basic information is provided for your convenience. Copies of your Fictitious Firm Name Form are not required with your City of Henderson Business License application.

Fictitious Firm Name Forms, necessary for filing a fictitious name/DBA, are available at some banks, the Clark County Clerk's Office, or the Clark County web site (www.accessclarkcounty.com). Forms must be completed and signed prior to filing.

Filing Your Fictitious Firm Name Form

Fictitious Firm Name Forms must be filed with the County Clerk. A filing fee (currently \$20 but subject to change) is required and forms may be filed at either of the following locations:

Regional Justice Center

200 Lewis Avenue, 5th Floor, Las Vegas, NV 89101
702-671-0500

Directions: From Henderson, travel Northbound on 95. Take the Las Vegas Blvd exit, turning left onto Las Vegas Blvd. Turn right on Bridger, Left on Third and travel 1 block to Lewis.

Henderson City Hall

Marriage Services Office

240 Water Street, Henderson, NV 89015

Services available on Thursday 8:30 am 12:00 pm – 12:30 pm – 5:00 pm

Copies: Copies may be required for other agencies or purposes, such as opening a bank account.

If you have further questions about your business name or filing the name, you will need to contact the Clark County Clerks Office directly at 702-455-2590 or 702-671-0500.