



# 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 Reorganization<sup>1</sup>    Change in Name<sup>1</sup>    Change in Location<sup>2</sup>

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):**

<sup>1</sup> Previous Business Name/Ownership:

**Business E-mail Address:**

**Business Phone:**

**Business Fax:**

**Business Address:**

**Mailing Address:**

Street:

Street:

City, State, Zip:

City, State, Zip:

**Property Owner:**

<sup>2</sup> 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-Combo	<input type="checkbox"/> Nonprofit Club Liquor
<input type="checkbox"/> Beer/Wine/Spirit-based On-Sale	<input type="checkbox"/> Full Liquor Off-Sale	<input type="checkbox"/> Nonrestricted/Limited Gaming Liquor
<input type="checkbox"/> Beer/Wine/Spirit-based Tasting	<input type="checkbox"/> Full Liquor On -Sale	<input type="checkbox"/> Restaurant with Bar
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Gift Basket Liquor	<input type="checkbox"/> Tavern
<input type="checkbox"/> Brew Pub-Combo	<input type="checkbox"/> Grocery Store/Internet Sales	<input type="checkbox"/> Urban Lounge
<input type="checkbox"/> Catering Liquor	<input type="checkbox"/> Instructional Wine Making	<input type="checkbox"/> Winery
<input type="checkbox"/> Craft Distillery	<input type="checkbox"/> Liquor Manufacturer	<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 Lease<sup>3</sup>    Participation Agreement<sup>3</sup>

<sup>3</sup>With who 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 \_\_\_\_\_  
Date of approval

Pending \_\_\_\_\_  
Anticipated Date of approval

<b>Name of Owner(s), Partners, Corporate Officers, etc:</b>			
<b>Name:</b>	Title:	DOB:	<input type="checkbox"/> Home OR <input type="checkbox"/> Cell Phone
Home Address:	City:	State:	Zip:
<b>Name:</b>	Title:	DOB:	<input type="checkbox"/> Home OR <input type="checkbox"/> Cell Phone
Home Address:	City:	State:	Zip:
<b>Name:</b>	Title:	DOB:	<input type="checkbox"/> Home OR <input type="checkbox"/> Cell Phone
Home Address:	City:	State:	Zip:
<b>Name:</b>	Title:	DOB:	<input type="checkbox"/> Home OR <input type="checkbox"/> Cell Phone
Home Address:	City:	State:	Zip:
<b>Certification:</b>			
<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"> <li>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.</li> <li>2. I cannot commence operation until approval is received from the Business Operations Division.</li> <li>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.</li> <li>4. I may not operate the business for which this application is made at any other address than that listed on this application.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>8. I may be subject to issuance of civil penalties and/or a misdemeanor citation for each and every day I am in violation of any of the above.</li> <li>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.</li> </ol>			
<b>Signature of Applicant:</b>			<b>Date:</b>

**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)*

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<b>Business Name</b> (Include any name doing business as)	<b>Type of Business</b>	<b>Business Telephone Number</b>	
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<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Federal Identification No.</b>	<b>Social Security No.</b>	<b>Contractor's Board License No.</b>	
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<b>Name of Principal Owner</b> (Please Print)	<b>Principal Owner's Telephone No.</b>
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<b>Principal Owner's Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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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):

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Effective Date of Coverage	Account Number
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( ) 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.

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Effective Date	Certificate Number
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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

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<b>Name of Applicant</b> (Please Print)	<b>Applicant's Telephone No.</b>
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<b>Applicant's Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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<b>Signature of Applicant</b> (To be signed in the presence of the business license office employee)	<b>Applicant's Title</b>
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<b>Witness Signature</b> - (Business License Office Employee)	<b>Name of City or County</b>
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**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\_\_\_\_\_.

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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**

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### 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***

<b>APN</b>		<input type="checkbox"/> ADDRESS VERIFIED
<b>Zoning</b>		<input type="checkbox"/> HOME-BASED BUSINESS
<b>Use Classification and Comments</b>	_____ _____	
<b>Check all that are required:</b>	<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 _____	
<b>Status:</b>	<input type="checkbox"/> <b>PERMITTED</b> <input type="checkbox"/> <b>DENIED</b>	
	<input type="checkbox"/> <b>PENDING</b> _____	
<b>Checked by:</b>	_____ Community Development	<b>Date:</b> _____ _____ 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 Operations Division with the business license registration packet.

<b>Executive Suite Information</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>City of Henderson Business License Number:</b>			
<b>Business License Applicant Information</b>			
<b>Business Name:</b>			
<b>Assigned Phone Number:</b> <small>Please list the phone number assigned to the business.* <b>*REQUIRED</b></small>		<b>Assigned Suite/Office Number:</b> <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 as an “Executive suite” or “shared office business” set forth in Henderson Municipal Code 4.04.010 which are as follows:</p> <p><input type="checkbox"/> Provide personalized telephone answering; and <input type="checkbox"/> Mail service; and</p> <p><input type="checkbox"/> One or more of the following (Check all that apply):</p> <p><input type="checkbox"/> A separate business listing in a public area;      <input type="checkbox"/> A reception area with receptionist;</p> <p><input type="checkbox"/> A definite number of hours of use of an office (# of Hours _____);</p> <p><input type="checkbox"/> Use of a conference or meeting room;      <input type="checkbox"/> Exclusive use of an office;</p> <p><input type="checkbox"/> Availability of secretarial, clerical, and/or data processing staff;</p> <p><input type="checkbox"/> Availability and use of office equipment</p>			
<b>Signed:</b>			<b>Date:</b>

**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 and unlawful 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 this title specifically states otherwise. Once issued a license, the licensee shall not engage in business from any other premises other than the premises for which the license was issued.

C. No licensee engaged in business within the city limits of the city 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 licensed to operate 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 for a business license type not subject to the provisions of chapter 4.03 may be issued and if issued shall permit the applicant to engage in business at the location designated on the license for a period of up to, but not to exceed, 60 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 such temporary business license for a period of an additional 60 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 fail to meet the requirements as set forth by the departments or divisions of the city within the maximum prescribed time limit of 120 days (or 60 days if no extension was granted), the temporary license shall no longer be valid. Continued operation of the business, once the temporary business license is invalid, 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. A license that is deemed invalid may not be reinstated.

E. 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 operations division upon request.

F. It shall be the responsibility of the owner or operator of the CMRA to inform any and all clients of the above requirement.

G. Licenses may be issued to businesses proposed to be located in properly licensed executive suites or shared office establishments. It shall be the responsibility of the owner/operator of the executive suites or shared office establishment 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. Failure to provide the requested business information as required in this subsection constitutes a violation of the provisions of this title. (Ord. No. 3290, § 1, 10-6-2015)





## 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](http://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](http://bcnv.org)

**City of Las Vegas**

333 N Rancho Dr  
Las Vegas, NV 89101  
702-229-6281  
[lasvegasnevada.gov](http://lasvegasnevada.gov)

**City of North Las Vegas**

2250 Las Vegas Blvd North  
North Las Vegas, NV 89030  
702-633-1520  
[cityofnorthlasvegas.com](http://cityofnorthlasvegas.com)

**Clark County**

500 S Grand Central Pkwy  
Las Vegas, NV 89155  
702-455-4252  
[clarkcountynv.gov](http://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](http://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](http://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](http://tax.state.nv.us)

**Nevada State Health Division**

4150 Technology Way  
Carson City, NV 89706  
775-684-4200  
[health.nv.gov/HCQC.htm](http://health.nv.gov/HCQC.htm)

**State of Nevada Contractor's Board**

2310 Corporate Circle  
Ste 200  
Henderson, NV 89074  
702-486-1100  
[nvcontractorsboard.com](http://nvcontractorsboard.com)

**Nevada Department of Motor Vehicles**

1399 American Pacific Dr.  
Henderson, NV 89074  
702-486-4368  
[dmvnev.com](http://dmvnev.com)

**Nevada Department of Business and Industry**

555 E Washington Ave.  
Ste 4900  
Las Vegas, NV 89101  
702-486-2750  
[business.nv.gov](http://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](http://dirweb.state.nv.us)

### RESOURCES:

**Clark County Clerk**

**(Fictitious Firm Name/dba filings)**  
200 Lewis Ave, 5<sup>th</sup> 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](http://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](http://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](http://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](http://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](http://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, 5<sup>th</sup> 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.***



City of Henderson

## Business License Background Investigation Checklist

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

After submitting the business license application packet and paying the background investigation fees, the applicant must submit their investigation packet in person to the Henderson Police Department at 223 Lead Street between the hours of 9:00 am and 4:00 pm, Monday through Thursday.\* The processing time for the background investigation averages 6-8 weeks. For questions relating to the background review process, please contact the Business Operations Division at 702-267-1730.

### All questions within the Background Investigation Packet must be answered completely.

The following items must be submitted to constitute a complete Background Investigation Packet:

- Complete **Business Operations Division Background Investigation Questionnaire**
- Complete **Applicant's Request to Release Information** form, including notarization
- Complete **Nevada Department of Public Safety Civil Applicant Waiver** form

### Applicants that are US citizens by birth must provide the following:

- Certified copy of **Birth Certificate** (The original must be presented at the time of application.)\*\*  
**OR**  
Copy of **passport** (The original must be presented at the time of application.)

### Applicants that are not US citizens by birth must provide the following:

- Naturalized Citizens**  
Copy of the original **Naturalization certificate** (The original must be presented at the time of application.)  
**OR**  
Copy of **passport** (The original must be presented at the time of application.)
- Applicants with a Permanent Resident Card**  
Copy of **Permanent Resident Card, "green" card** (The original must be presented at the time of application.)  
**AND**  
Certified copy of **Birth Certificate** (The original must be presented at the time of application.)\*\*  
**OR**  
Copy of **passport** (The original must be presented at the time of application.)
- Copy of **Visa**, if applicable.

### All applicants must be prepared to present a valid US government issued picture identification. The ID must be presented at the time of fingerprinting.

\*Individuals submitting a Background Investigation Packet who do not reside in Nevada are not required to appear in person when submitting the investigation packet. However, fingerprint cards from an authorized fingerprint agency must be provided along with the items listed above.

\*\* If not in English, an English translation must be submitted. The translation must be notarized as a true and exact copy.



## City of Henderson Business Operations Division

# BACKGROUND INVESTIGATION QUESTIONNAIRE

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

### General Instructions:

1. The entire Questionnaire must be completed clearly, in blue or black ink, or typed.
2. All questions or items contained in the Questionnaire must be accurately answered or responded to; misrepresentation or failure to disclose any information requested in the Questionnaire may be deemed to be sufficient cause for the refusal of the application or revocation of a license if already issued.
3. If a particular area or question does not apply to you, you must write "N/A" in the area provided.
4. A current passport photograph must be attached to the questionnaire. The photograph must have been taken within the last six (6) months. It may not be a print-out, photocopy or duplication of any kind.
5. If the space available is insufficient to completely answer a question, attach a separate sheet of paper to provide a complete response. Clearly identify the item/number from the Questionnaire for which the response is being provided.
6. Do not misstate or omit any material fact(s) as the statements made by you within the Questionnaire are subject to verification.
7. The Business Operations Division does not provide notary service. All notarizations must be complete prior to submitting the Background Investigation Packet.
8. Additional information may be needed by the investigator assigned to your background investigation; additional information may include, but not be limited to, Federal income tax forms, bank statements and brokerage statements. If additional information is required, you will be notified by the investigator or his designee.

**By signing below, I acknowledge that I have read the above instructions and understand that I must file a complete, legible and truthful application and provide any additional information as requested by the investigator assigned to my investigation. Failure to comply with any of the above may result in delays in completing the review or the refusal or revocation of the application or license. I further understand that it is my responsibility to be thoroughly familiar with applicable ordinances, rules and regulations pertaining to the particular license(s) applied for. I also understand that Henderson Municipal Code requires a background investigation be completed prior to the granting of a privileged business license. I hereby authorize and hold harmless the City of Henderson Business Operations Division and Police Department to receive and utilize such information necessary to conduct my background investigation and understand that there shall be no refund of any of the investigation fees paid should I elect to withdraw my application or should the City refuse or withdraw my application or license.**

**Signature of Applicant:**

**Date:**



City of Henderson Business Operations Division  
**BACKGROUND INVESTIGATION QUESTIONNAIRE**  
 240 Water Street, Henderson, NV 89015 (702-267-1730)

**PRINT CLEARLY. USE AN EXTRA SHEET, IF NECESSARY, TO PROVIDE COMPLETE ANSWERS.**

<b>Name</b>				<b>Attach passport photograph taken within last six (6) months here:</b>		
(Last)	(First)	(Middle)				
<b>Home Address:</b>						
(Street)		(Apartment/Space)				
(City)		(State)	(Zip)			
<b>Social Security Number:</b>			<b>Date of Birth:</b>			
<b>Contact Phone Number:</b>			<b>Contact E-mail Address:</b>			
<b>Driver's License Number (or other State issued identification number):</b>				<b>Date Above Photo Was Taken:</b>		
<b>Race:</b>	<b>Height:</b>	<b>Weight:</b>	<b>Sex:</b>	<b>Hair:</b>	<b>Eyes:</b>	
<b>Place of Birth (Including Country):</b>						
<b>Naturalization Certificate Number (if applicable):</b>		<b>Alien Registration Number (if applicable):</b>		<b>Expiration (if applicable):</b>		
<b>VISA Number (if applicable):</b>		<b>Other (Please Explain or Describe) (if applicable):</b>				
<b>Other Names Used (Maiden or Married, for example):</b>						
<b>Name of Proposed Business (DBA):</b>				<b>Individual's Position in Business:</b>		
<b>Address of Proposed Business:</b>						
<b>License Classification(s):</b>						
<b>Please Do Not Write Below This Line - For Henderson Office Use Only:</b>						
<b>Date Processed by BL:</b>			<b>Date Investigation Completed:</b>			
<b>BL Receipt Number:</b>			<b>Date Approval/Denial Letter Sent to BL by Investigator:</b>			
<b>Date Reviewed by Civil Processing:</b>			<b>Date Result Received by BL:</b>			
<b>Date Application Sent to Investigator:</b>			<b>Date Approval/Denial Letter Prepared by BL:</b>			
<b>For PD Use Only</b>	<b>IIO:</b>	<b>JL:</b>	<b>PRINTS:</b>	<b>OTHER LICENSES:</b>	<b>CREDIT:</b>	



City of Henderson Business Operations Division  
**BACKGROUND INVESTIGATION QUESTIONNAIRE**  
 240 Water Street, Henderson, NV 89015 (702-267-1730)

**PRINT CLEARLY. USE AN EXTRA SHEET, IF NECESSARY, TO PROVIDE COMPLETE ANSWERS.**

**#1 – Arrests and Citations:**

(Exclude citations issued for minor traffic offenses such as speeding and parking. Attach additional sheet if necessary.)

Arrested/Citation for: \_\_\_\_\_

Place and date of arrest or citation: \_\_\_\_\_

Disposition: \_\_\_\_\_

Arrested/Citation for: \_\_\_\_\_

Place and date of arrest or citation: \_\_\_\_\_

Disposition: \_\_\_\_\_

**#2 – Have you ever been involved in a civil court action?  Yes  No**

If yes, list and describe the nature of each action:

\_\_\_\_\_  
 \_\_\_\_\_

**#3 - Have you ever held privileged or professional license(s) in any state?  Yes  No**

If yes, indicate type of license(s), city/state/county of issuance, date of issuance and current status of license(s):

\_\_\_\_\_  
 \_\_\_\_\_

**#4 - Have you ever had a business license application denied by any city/state/county for any reason?  Yes  No**

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

**#5 – List all Cities, States and/or Countries resided in:**

\_\_\_\_\_  
 \_\_\_\_\_

STATE OF NEVADA )  
 )  
 COUNTY OF CLARK )      SS.

I, \_\_\_\_\_, do hereby certify that I have read and understand the ordinance(s) related to the license(s) for which I am applying. I will abide by the ordinance(s) in its/their entirety and any amendments thereto, and certify that, if this application for suitability is approved and the license(s) issued, it/they will be accepted by me subject to the terms and provisions of the applicable ordinance(s) and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance(s) of the City Council; and I acknowledge the authority of the licensing authorities and authorized representatives to enter the business establishment wherein the licensed business is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance(s).

I further certify that I have read the foregoing application and confirm that the contents thereof contain a full and true account of the information requested; that I executed the same freely and voluntarily for the uses and purposes herein mentioned, and with full knowledge that misrepresentation or failure to reveal the information requested may be deemed sufficient evidence for refusal to issue, or revoke the license(s) applied for, and should the license(s) applied for be granted, I agree to abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE



**HENDERSON POLICE DEPARTMENT**  
**Business License Applicant's Request to**  
**Release Information**

**HPD 0158**

PAGE 1 OF 2

To: City of Henderson Police Department

From: \_\_\_\_\_  
(Applicant – Print Name)

1. I understand that I am applying for a privileged license from the City of Henderson Business Operations Division in Henderson, Nevada and acknowledge that the burden of providing my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Henderson Police Department as agent of and for use by the City of Henderson Business Operations Division and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely, knowingly, and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons, to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly-appointed officer of the Henderson Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly-appointed officer of the Henderson Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of same, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. If the person to whom this request is presented is a criminal justice agency or a repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.
6. I do hereby make, constitute and appoint any duly-appointed officer of the Henderson Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for my use and benefit:
  - a. to request, review, copy and sign for or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present;
  - b. to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
  - c. to place the name of the Henderson Police Department officer presenting this request in the appropriate location on this request.

Applicant's Initials: \_\_\_\_\_





HENDERSON POLICE DEPARTMENT  
Form Title

HPD 0158

PAGE 2 OF 2

7. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
8. This power of attorney ends eighteen months from the date of execution.
9. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents or employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in law or equality, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
10. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fee, arising out of or by reason of complying with this request.
11. A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at \_\_\_\_\_  
(City, State)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for said County and State

Signature of the Henderson Police Department Officer presenting this request:

\_\_\_\_\_

\_\_\_\_\_  
Officer Name P#

\_\_\_\_\_  
Date



## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) the City of Henderson Police Department that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) the City of Henderson Police Department, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: City of Henderson Police Department \_\_\_\_\_

Address: 223 Lead Street, Henderson NV 89015 \_\_\_\_\_

Agency representative: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_