



City of Henderson

Contractor <131>

Business License Checklist

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

Items below must be provided at the time of licensing. Applications must be submitted via mail or in person. The Business License Division requires original signatures on all forms. All items listed on this checklist must be submitted at the time of application. Incomplete applications will not be accepted. This checklist must be returned with the application.

For further information on the Contractor classification, please refer to HMC Section 4.05.220 Contractors.

Applicants must submit ALL of the following:

- Complete **Business Registration Form**
- Complete **Multi-jurisdictional Supplemental and Change Request Application**
- Child Support Form** (to be completed by sole proprietors and all members of general partnerships).
- Proof of active entity status with the **Nevada Secretary of State** (to be provided by corporations, limited liability companies and limited partnerships).
- Complete **Division of Industrial Relations Affirmation of Compliance Form**
- Copy of **State Business License** or **exemption** from the **Nevada Secretary of State**.
- Proof of current registration with the **State of Nevada Department of Taxation**.
- Proof of current license issued by the **State of Nevada, Contractor's Board**. The State Contractor's Board located at 2310 Corporate Circle, Suite 200, Henderson, NV, 702-486-1100.
- Copy of **Nursery License** issued by the State of Nevada, Department of Agriculture, 2300 McLeod, Las Vegas, NV, 486-4690*
*only required if applying for a landscape contractor license
- Clark County Assessor's Form** (only required for businesses located in the City of Henderson)
- Letter of Authorization** (if the application has been signed by someone other than an owner or corporate officer).
- \$25.00** one-time, non-refundable application fee
- \$100.00** semiannual business license fee
- Additional fees will be required should the business wish to operate in **Clark County** or the **Cities of Las Vegas** and **North Las Vegas** (please refer to the Multi-jurisdictional Supplemental and Change Request Application for pricing).

And ONE of the following items verifying business location:

- Henderson Commercial-Based Businesses:**
Zoning Compliance Checklist to be submitted to the Community Development Department, 267-1500 (A license will not be issued until all requirements and conditions have been met.) A site plan or building layout that clearly identifies the location that the business will be occupying is required for all applications.
*Businesses operating from an "Executive Suite" must provide an **Executive Suite Location Acknowledgement form** which will be supplied to the applicant by the "Executive Suite". Businesses operating from a "Shared Office" must provide a **copy of the contract or agreement**. (Locations must meet requirements set forth in HMC 4.04.010).*

OR

- Henderson Home-Based Businesses:**
Home Occupation Permit, Community Development Department, 267-1500 (\$15.00 fee). **This permit must be applied for in person.** If the business license applicant is not the property owner, the property owner must sign the form before a public notary prior to the application being submitted.

Business License Hours of Operation: Monday-Thursday, 7:30 a.m. to 4:30 p.m.
Phone: 702-267-1730 • Fax: 702-267-1704 • <http://www.cityofhenderson.com>
Revised 06/07/12

Participating jurisdictions are limited to the following within the State of Nevada: Unincorporated Clark County and the cities of Henderson, Las Vegas and North Las Vegas.

Henderson, Nevada
Multi-jurisdictional Supplemental and Change Request Application

Applicant (Entity name if applicable)	
Business Name (DBA)	
Business Address	
MJ License Number (For current licensees)	
Business Activity	CONTRACTOR

As an authorized representative for the above business, in association with my City of Henderson application/license for the above stated business activity, I hereby request the following:

Authorization to also conduct business in the additional jurisdiction(s):

Please select all applicable jurisdictions. If you will not be conducting business in any of the other participating jurisdictions you must select "NONE".

- Clark County - Semi-annual fee \$100
- City of Las Vegas - Semi-annual fee \$125
- City of North Las Vegas - Semi-annual fee \$100
- NONE – I acknowledge a City of Henderson business license only allows operation of the above stated business activity in the city limits of Henderson.

All fees for the selected jurisdiction(s) must be paid to the City of Henderson. Failure to maintain current status of the multi-jurisdictional license will prevent authorized activity in all of the designated participating jurisdictions.

Request to remove non-primary jurisdiction(s):

- Clark County
- City of Las Vegas
- City of North Las Vegas

Refunds will not be issued for any portion of a license period for which a license has been issued.

Signature

Title

Printed Name

Date

Participating jurisdictions are limited to the following within the State of Nevada: Unincorporated Clark County and the cities of Henderson, Las Vegas and North Las Vegas.



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 _____
Date of approval

Pending _____
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 License Division. 3. I must notify the Business License 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 License 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	
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Business Address	City	State	Zip Code
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Federal Identification No.	Social Security No.	Contractor's Board License No.	
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Name of Principal Owner (Please Print)	Principal Owner's Telephone No.
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Principal Owner's Address	City	State	Zip Code
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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):

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.
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Applicant's Residence Address	City	State	Zip Code
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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
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Witness Signature - (Business License Office Employee)	Name of City or County
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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_____.

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 Name: _____
 Address of Proposed Business: _____ Suite # _____ Henderson, NV _____
 Email: _____
 Phone: () _____ FAX: () _____ **Anticipated start date of business:** _____
 Ownership Status: New Business Change of Ownership Business Name Change _____

If different from above:

Contact Name: _____
 Contact Address: _____ Email: _____
 City: _____ State: _____ Zip: _____ Phone: () _____ FAX: () _____

1. Concisely describe the specific business activity _____

2. What is the square footage of the space your business will occupy? _____ square feet
3. How many parking spaces are provided for your business*? _____ spaces
 *Check box if the building complex provides parking
4. Does the business use or store hazardous materials/chemicals? Yes No
 If YES, applicant must complete hazardous materials questionnaire (available at Community Development).

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

Based upon the information provided above, the following items are required. 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 IN KIVA
Zoning		
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"/> PENDING subject to approval of items listed above <input type="checkbox"/> DENIED	_____ Applicant Initials
Checked by:	_____ Date: _____ Community Development	_____ Date: _____ Redevelopment

***PLEASE WRITE LEGIBLY AND ENSURE DATA IS CLEARLY TRANSFERRED ON ALL PAGES**

Checklist

- Original signed application, notarized (if applicable)
- Driver's License or Government issued photo I.D., utility bill showing proof of residency at permit location

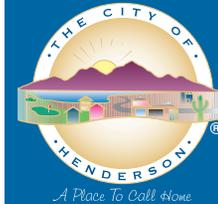
Home Occupations Sec. 19.5.7.D.5

- (a) Definition
Any activity carried out for gain by a resident conducted as an accessory use in the resident's dwelling unit or accessory building. This does not include live/work dwellings.
- (b) Where Authorized
A home occupation is permitted as an accessory use in all districts that allow residential uses.
- (c) Standards
Home occupations shall comply with the following standards.
- (1) Size/Area
A home occupation shall occupy no more than 20 percent of the building floor area, excluding garage space.
- (2) Employees
No one other than a resident of the dwelling shall be employed onsite or report to work at the site in the conduct of a home occupation. This prohibition also applies to independent contractors.
- (3) Operational
- i. There shall be no stock-in-trade other than items that are used for product demonstration or samples or products fabricated by artists or artisans.
 - ii. A home occupation shall be conducted entirely within a portion of a building, not within a required parking areas
 - iii. No home occupation may have customers or clients come to the home except by prior appointment, and no more than three customers or clients per hour are allowed.
 - iv. There shall be no advertising of the address of the home occupation that results in attracting persons to the premises.
 - v. No kilns exceeding ten cubic feet in size shall be permitted, and a home occupation shall comply with the performance standards in Section 19.7.8. There shall be no electrical or mechanical equipment not normally found in a residential structure.
 - vi. No home occupation shall be allowed that will create noise, dust, fumes, odors, smoke, glare, vibration, electrical hazards, fire hazards or the storage of hazardous materials, or any other nuisance to a greater degree than normally experienced in the residential district in which the permit is granted.

- (4) Exterior Appearance and Outdoor Storage
- i. No changes in the exterior appearance of the dwelling to accommodate the home occupation shall be allowed.
 - ii. No outdoor storage of materials or equipment in conjunction with the home occupation shall be permitted.
- (5) Parking/Vehicles/Traffic
- i. Not more than one truck or vehicle incidental to a home occupation shall be kept on the site or on any adjacent street. Commercial vehicles as defined by this Code are not permitted.
 - ii. A home occupation shall not create pedestrian, automobile or truck traffic significantly in excess of the normal amount associated with residential uses in the district.
- (d) Prohibited Home Occupations
- (1) No home occupation shall be allowed that will create noise, dust, fumes, odors, smoke, glare, vibration, electrical hazards, fire hazards, the storage of hazardous materials, or any other nuisance to a greater degree than normally experienced in the district in which the permit is granted.
- (2) A home occupation shall not create pedestrian, automobile, or truck traffic significantly in excess of the normal amount associated with residential uses in the district where located.
- (3) The following uses and activities shall not be conducted as a home occupation:
- i. Motor vehicle or marine service/repair;
 - ii. Beauty or barber shop; or
 - iii. Restaurants.
- (4) No home occupation shall be allowed that is prohibited by the City of Henderson Building Code.
- (e) Revocation
In cases where the use is not operated in accordance with these standards, authorization to operate a home occupation shall be revoked after 30 days written notice, unless the home occupation is altered to comply.
- (f) Appeal
Decisions of the Community Development Director regarding home occupations may be appealed by the applicant or owners of property located within 300 feet of the proposed home occupation in accordance with the procedure established in Section 19.6.9.E, Appeals.

Revised 03/10

The City of Henderson Home Occupation Permit



Application Form

Application Fee
\$15

Community Development

240 Water Street
P. O. Box 95050
Henderson, NV 89009-5050

Phone: 702-267-1500

FAX: 702-267-1501

Website:

www.cityofhenderson.com



The City of Henderson Home Occupation Permit

Application Form

Applicant's Name: _____

Address: _____

Zip Code: _____ Business Phone: _____

Description of Home Occupation: _____

Applicant's Statement:

I have received a copy of H.M.C.19.5.7.D.5 relating to Home Occupation Permits. I understand the terms and conditions, and the proposed use meets the requirements of H.M.C. 19.5.7.D.5. By signing this document I am acknowledging all the information provided is accurate and correct, including property ownership.

Applicant's Signature _____ Date _____

APPLICANT MUST BRING PICTURE IDENTIFICATION & PROOF OF RESIDENCE AT THE ABOVE ADDRESS (IF NOT SHOWN ON PICTURE IDENTIFICATION), E.G. DRIVER'S LICENSE, UTILITY BILL

Applicant must appear in person with a valid government-issue photo I.D. (e.g., Driver's License) and proof of residency at the permit address if it is not shown on photo I.D. (e.g., utility bill with applicant's name and permit address).

If applicant is not the owner of the property, the original notarized signature of the land owner or their authorized representative must be provided to the City of Henderson, prior to issuance of the Home Occupation Permit.

If signed by the landowner's authorized representative, proof of such authority must be provided (e.g. management company approval on company letterhead or power of attorney.)

Property Owner's Name _____

Property Owner's Signature _____

Property Owner's Address _____

City _____ State _____ Zip _____

***Notarization is only required if the applicant is not the owner of the subject property.**

NOTARY	This instrument was acknowledged before me on _____
	Signature _____

For Office Use Only											
001H#											
Approved by _____											
Date _____											



City of Henderson

Business License Supplemental Information

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

Nevada Secretary of State

Register for a State of Nevada Business License* or Exemption

555 E Washington Ave., Suite 5200, Las Vegas, NV 89101

1-800-450-8594

Register online at nvsos.gov

*Corporations, Limited Liability Companies and Limited Partnerships must also register as a Nevada Entity before applying with the City.

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.

State of Nevada Department of Taxation

Register for a Sales Tax Permit, Use Tax Permit or Exemption

555 E Washington Ave., Suite 1300, Las Vegas, NV 89101

1-866-962-3707

Register online at tax.state.nv.us

Henderson office: 2550 Paseo Verde Pkwy, Suite 180, 89074

Exit the I-215W at Pecos Rd (Exit 6) and proceed south towards St. Rose Pkwy. Turn left on Paseo Verde Pkwy. 2550 Paseo Verde Pkwy 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:

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

dmvnm.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 & 1:30-500 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.