



City of Henderson

Non-Profit Organization <802>

Business License Checklist

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

Applications may be submitted via mail or in person. The Business Operations Division requires original signatures on all forms. All items listed on this checklist, unless otherwise noted, must be submitted at the time of application. Incomplete applications will not be accepted. This checklist must be returned with the application.

HMC 4.04.030 (C) – Nonprofit organizations. Any nonprofit organization, so registered with the Internal Revenue Service, is exempt from the imposition of any license fee, except as provided for elsewhere in this title; provided, however, that such organization shall register with the division and if operating at a commercial location in the city, shall be required to have said location inspected by the city for conformance with building, safety, fire, and other regulations, as if a license were required of the establishment.

- Complete **Non-profit Registration Form** (A separate registration form/application is required for each operating location within the City of Henderson.)
- Proof of application with the **Internal Revenue Service** for 501(c)(3) Tax-Exempt Status*
**Proof of approval by the Internal Revenue Service (IRS) must be submitted to the Business Operations Division within 30 days of receipt thereof or within one year from the application date with the City, whichever occurs first. Failure to provide IRS approval within the specified timeframe will result in the revocation of registration with the City of Henderson.*

If organization is located within a commercial location in Henderson, please provide the following:

- Henderson Commercial-Based Businesses:**
Zoning Compliance Checklist to be submitted to the Community Development Department and Services, 702-267-1500 (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).*

This is a one-time filing. However, you must notify the Business Operations Division of any changes to name and/or address.

Note: Organizations wishing to solicit charitable contributions while standing on median strips or sidewalks within the City of Henderson must obtain a Special Event Permit from the Henderson Police Department after registering as a Non-profit organization with the Business Operations Division. In addition, charitable solicitation on the median strip of any highway or sidewalk adjacent to a highway within the jurisdiction of the State of Nevada, Department of Transportation (NDOT) will require a permit from NDOT.

Business License Hours of Operation: Monday-Thursday, 8:00 a.m. to 4:30 p.m.

Phone: 702-267-1730 • Fax: 702-267-1704 • <http://www.cityofhenderson.com>

Revised 05/24/2017



City of Henderson

Registration of Non-Profit Organizations

240 Water Street ♦ Henderson NV ♦ 89015 ♦ 702-267-1730

<input type="checkbox"/> New Registration		<input type="checkbox"/> Change in Name		<input type="checkbox"/> Additional Location		<input type="checkbox"/> Change in Location	
Name of Organization:						If in commercial location, anticipated opening date:	
Other names by which the organization is known:							
Local Contact:			Phone:		Fax:		
Organization Address (main location if affiliated with a national organization): Street:				Mailing Address: Street:			
City, State, Zip:				City, State, Zip:			
Please identify the organization structure:							
<input type="checkbox"/> Association		<input type="checkbox"/> Individual			<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability Company			<input type="checkbox"/> Foreign Limited Partnership		
<input type="checkbox"/> Foreign Corporation		<input type="checkbox"/> Foreign Limited Liability Company					
Please list operating location within the City of Henderson (A separate registration form/application is required for each operating location.):							
Location Name/Operating Name:						Phone Number	
Address:			City:		State:	Zip:	
Organization Activities: Please provide a concise description of the activities to be conducted at each location. Attach additional pages if necessary.							

Certification							
(I) (We), the undersigned have answered all questions in the above registration, and to the best of my (our) belief all answers are true and correct.							
Signature of Applicant:						Date:	

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

Mark all that apply:

New Registration Change in Name¹ Change in Location² Other _____

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

Name of Organization:

Business Name (DBA):

¹ Previous Name:

Anticipated Opening Date in Henderson:

Local Contact:

Business E-mail Address:

Business Phone:

Business Fax:

Organization Address:

Street:

City, State, Zip:

² Previous Business Address:

Mailing Address:

Street:

City, State, Zip:

Organization Structure:

- Association
- Corporation
- Foreign Corporation
- Foreign Limited Liability Company

- Foreign Limited Partnership
- Individual
- Limited Liability Company
- Limited Partnership

Organization Activity: Please provide a concise description of the activities to be conducted at the location. Attach additional pages if necessary.

Certification

(I) (We), the undersigned have answered all questions in the above registration and to the best of my (our) belief all answers are true and correct.

Signature of Applicant:

Date:

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