



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.

- Complete **Non-profit Registration Form**
- Proof of compliance with **Section 501 of the Internal Revenue Code** as a non-profit organization

**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 10/11/2015



# 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	
<b>Name of Organization:</b>						<b>If in commercial location, anticipated opening date:</b>	
<b>Other names by which the organization is known:</b>							
<b>Local Contact:</b>			<b>Phone:</b>		<b>Fax:</b>		
<b>Organization Address</b> (main location if affiliated with a national organization): Street:				<b>Mailing Address:</b> Street:			
City, State, Zip:				City, State, Zip:			
<b>Please identify the organization structure:</b>							
<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					
<b>Please list all locations within the City of Henderson:</b>							
<b>Location Name:</b>						<b>Phone Number</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>		
<b>Location Name:</b>						<b>Phone Number</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>		
<b>Location Name:</b>						<b>Phone Number</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>		
<b>Organization Activities:</b> Please provide a concise description of the activities to be conducted at each location. Attach additional pages if necessary.							
<b>Certification</b>							
(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.							
<b>Signature of Applicant:</b>						<b>Date:</b>	

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**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**

<b>APN</b>		<input type="checkbox"/> ADDRESS VERIFIED IN KIVA
<b>Zoning</b>		
<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>PENDING</b> subject to approval of items listed above <input type="checkbox"/> <b>DENIED</b>	_____ Applicant Initials
<b>Checked by:</b>	_____ <b>Date:</b> _____ Community Development	_____ <b>Date:</b> _____ Redevelopment

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