



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:

Mailing Address:

Street:

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-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 Lease³ Participation Agreement³

³With 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

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

Office Use Only:

Date Processed: _____

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

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

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

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

| | | | |
|-------------------------|-------------|--------------|-----------------|
| Business Address | City | State | Zip Code |
|-------------------------|-------------|--------------|-----------------|

| | | | |
|-----------------------------------|----------------------------|---------------------------------------|--|
| Federal Identification No. | Social Security No. | Contractor's Board License No. | |
|-----------------------------------|----------------------------|---------------------------------------|--|

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

| | | | |
|----------------------------------|-------------|--------------|-----------------|
| Principal Owner's Address | City | State | Zip Code |
|----------------------------------|-------------|--------------|-----------------|

Identified as: (Complete one section only)

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

| | |
|----------------------------|----------------|
| Effective Date of Coverage | Account Number |
|----------------------------|----------------|

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

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

| | |
|----------------|--------------------|
| Effective Date | Certificate Number |
|----------------|--------------------|

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

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

| | | | |
|--------------------------------------|-------------|--------------|-----------------|
| Applicant's Residence Address | City | State | Zip Code |
|--------------------------------------|-------------|--------------|-----------------|

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

DATED this _____ day of _____, 20_____.

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

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

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

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

INSTRUCTIONS

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

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

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

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

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

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

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

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

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

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

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



Michele W. Shafe Clark County Assessor

NEW BUSINESS INFORMATION

(Please Print)

BUSINESS NAME (DBA): _____ PHONE: _____

DATE OPENED OR ANTICIPATED OPENING: _____

LOCATION ADDRESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

OWNER OR CONTACT PERSON: _____

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

IF YES, INDICATE PREVIOUS NAME OF BUSINESS _____

PREVIOUS LOCATION, IF APPLICABLE _____

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

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

SIGNATURE: _____ DATE: _____

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

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

FOR OFFICIAL USE ONLY

| | | |
|---------------------|-------------|-----------|
| Tax District: _____ | Area: _____ | 99- _____ |
|---------------------|-------------|-----------|



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

DBA/Name of Proposed Business: _____

Applicant / Contact Name: _____

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

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

Email: _____

Ownership Status: New Business Change of Ownership Business Name Change

1. Concisely describe the specific business activity: _____

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

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

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

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

The information provided above is accurate and correct. _____
Applicant Signature Date

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

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

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

*PLEASE PRINT ALL INFORMATION LEGIBLY *



Executive Suite Location Acknowledgement Form

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

| Executive Suite Information | | | |
|---|--|--|--------------|
| Name: | | | |
| Address: | | | |
| City of Henderson Business License Number: | | | |
| Business License Applicant Information | | | |
| Business Name: | | | |
| Assigned Phone Number: <small>Please list the phone number assigned to the business.* *REQUIRED</small> | | Assigned Suite/Office Number: <small>For businesses occupying a specific suite/office within the location, please list the suite/office number assigned to the business.</small> | |
| <p>Signing this acknowledgement affirms that the business is located in your facility and you are acknowledging that the above named executive suite business is providing, to the business license applicant named above, the minimum location requirements 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> | | | |
| Signed: | | | Date: |

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

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

Henderson Municipal Code - 4.04.020 License required.

A. It shall be a violation of the provisions of this title 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 S. Water Street Henderson, Nevada 89015 • 702-267-1730

SilverFlume – NEVADA’S BUSINESS PORTAL

Register online at www.nvsilverflume.gov to create your entity (ownership structure) and register for a State of Nevada Business License or Exemption with the Nevada Secretary of State; and file for Workers’ Compensation, Nevada Labor Law, and Nevada Department of Taxation requirements via SilverFlume. You may also be able to submit your City of Henderson application via SilverFlume.

BUSINESS LICENSING IN SOUTHERN NEVADA:

City of Boulder City

401 California St
Pkwy 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
Las Vegas, NV 89155
702-455-4252
clarkcountynv.gov

STATE AGENCIES AND CONTACTS:

NV Secretary of State - Commercial Recordings Division (LV Office)

2250 Las Vegas Blvd North
Fourth Floor
North Las Vegas, NV 89030
702-486-2880 (Inside NLV City Hall)
nvsos.gov

Nevada Department of Taxation Las Vegas Office:

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

Nevada Department of Taxation Henderson Office:

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

Nevada Department of Health and Human Services

4126 Technology Way
Ste. 100
Carson City, NV 89706-2009
775-684-4000
dhhs.nv.gov/

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

3300 W Sahara Ave
Ste. 425
Las Vegas, NV 89101
702-486-2750
business.nv.gov

Nevada Division of Industrial Relations

Workers’ Comp. Section
3360 W Sahara Ave Ste. 250
Las Vegas, NV 89102
702-486-9080
dir.nv.gov/WCS/home/

RESOURCES:

Clark County Clerk (Fictitious Firm Name/dba filings)

Commission Division
500 S Grand Central Pkwy
1st & 6th Floors
Las Vegas, NV 89155
---or---
240 S Water St
Henderson, NV 89015
*This location only opens Thursdays
8:30am–12:30pm & 1:30-5:00 pm*
702-671-0500
clarkcountynv.gov/clerk/

City of Henderson Animal Control

300 E Galleria Dr
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

280 S Decatur Blvd
Las Vegas NV 89107
702-759-1000
southernnevadahealthdistrict.org

Nevada Transportation Authority

3300 W Sahara Ave Ste. 200
Las Vegas, NV 89102
702-486-3303
nta.nv.gov

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
nevadasbdc.org/

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.