



Business Cancellation Request

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

Business Information	
Entity Name (as filed with nvsos.gov):	
Business Name (DBA):	
Business Address:	
License to Cancel: <input type="checkbox"/> All Licenses <input type="checkbox"/> License Number(s) as indicated: _____	
Date of Cancellation:	
Reason for Cancellation: <input type="checkbox"/> Closed Business on _____ <input type="checkbox"/> Relocated Outside/Not Conducting Business in Henderson <input type="checkbox"/> Restructured and Requires New Licensing <input type="checkbox"/> Sold Business on _____	
Owner, Officer, Authorized Party Representation*	
Name:	Title:
Email:	Phone:
Certification: I, the undersigned, hereby represent that I am authorized to act on behalf of the above business, request the cancellation of the license(s) and will no longer conduct business in Henderson under said licenses.	
_____	_____
Signature	Date
*An individual acting as an authorized party must provide a letter of authorization on company letterhead, or a notarized letter signed by an owner/officer to act on behalf of the company.	