

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.



Briana Johnson 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- _____
