



CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR BOX 551810
LAS VEGAS, NEVADA 89155-1810

(702) 455-4252 Toll Free (800) 328-4813 FAX (702) 386-2168
http://www.clarkcountynv.gov/business_license

CLARK COUNTY BUSINESS LICENSE EZ

Regulated Checklist Dated: _____

Massage and Reflexology Establishments

Business Name: _____

Individual Name: _____ License No: _____

Applicant must first seek Zoning’s approval to operate at location address. Please present the following items to Clark County Business License to complete your application and don’t forget: LVMPD accepts **BLACK INK ONLY**.

Las Vegas Metropolitan Police background check documents required: **Yes** **No**

- 1 original** completed (PHQ) Personal History Questionnaire for each owner – **Plus 1 copy for each owner** (attach military discharge DD-214 if applicable)
- 2 original** completed Requests for Authorization for each owner – **Plus 1 copy for each owner**
- Naturalization documents or certified copy of birth certificate – **For each owner**
- 1 copy of owner’s active passport – **For each owner**
(The requirement does not apply if the passport is expired or the applicant has never had one)
- 1 copy of Driver’s License for each owner – **Copy of both front and back of license**
- Corporate check(s), cashier’s check(s) or money order(s) payable to LVMPD in the amount of \$ 300.00 – **For each owner (Separate checks: one check per individual/owner)**
- 2 passport sized color photographs – **For each owner**

Financial investigation documents required? **Yes** **No**

- 1 original** (BSQ) Business Supplemental Questionnaire – **For each owner**
- 3 mo's Bank Stmt's and 3 yr's Tax Returns – **For each owner (Both personal and business accounts)**

Additional documents required? **Yes** **No**

- Clark County Business License Application
- Clark County Clerk’s Office: Fictitious Firm Name Certificate
- Nevada Secretary of State: State Business License
- Request for Temporary License
- Designated Manager Form
- NV State Board of Massage Therapy: Massage Therapy License
(Applicable only if owner will perform massage/reflexology services)
- Application for Massage Establishment/Massage Business: Applicant/Owner is Not a Massage Therapist
(Applicable only if owner will not be performing massage services)
- NV State Board of Cosmetology: Establishment Application **(Applicable only if offering cosmetology services)**
- Purchase Agreement **(Applicable only if business was purchased from another party)**
- Complete copy of the Lease Agreement – **Must be signed & dated by both parties**
Lessee: Must state business entity or individuals & Permitted Use: Must match business description
- 1 copy of Floor Plan:– **Plus 1 copy for Zoning Department**
(Must include business name & address; contact name, number & email; and total sq. ft. of business. Label each room with its use/service and sq. ft.) Zoning Contact Info: 702-455-4314 Option 2 or 1 or zoningbl@clarkcountynv.gov

Thank you!