



Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
P.O. BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.co.clark.nv.us/business_license

REQUEST FOR REFUND

Please be specific as to the reason for the refund and include the following information:

Refund amount request: _____ (Application fees are non-refundable)

<locationaddress>

Business License Number: <fullcredentialnumber>

Business Owner(s) Name(s): _____

Contact Telephone Numbers(s): _____

Date application for business license was filed: <applicationdate>

REASON FOR REFUND REQUEST:

Please mark reason(s) for request and give brief explanation below:

- APPLICATION WITHDRAWN
ZONING/BUILDING/FIRE DENIAL
BOARD DENIAL (BCC or L&G)
OVERPAYMENT of FEES
FEES PAID IN ERROR
FEES PAID ON INCORRECT LICENSE NUMBER
DUPLICATE FEES PAID
BUSINESS NEVER OPENED OR OPERATED
BUSINESS MOVED TO ANOTHER JURISDICTION

Issuing Agency: _____ Date License Issued: _____

License Number: _____

- OTHER

Explanation of request: _____

Please mail refund to:

Payable to: _____

Address: _____

City/State/Zip: _____

Signature of Requestor: _____ Date: _____