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: ( )

☐ New Business ☐ Change of Ownership ☐ Change of Address ☐ Updated Business Activity ☐ Special Event

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.

***Non-Residential 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 City inspections are completed.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

APN		☐ Address Verified
Zoning		☐ Home-Based Business
Use Classification and Comments		
Check all that are required:	☐ Conditional Use Permit # ____ ☐ Design Review # ____ ☐ Vehicle Travel Distance # ____ ☐ Pre-Existing Use ____	☐ Temporary Use Permit # ____ ☐ Variance # ____ ☐ Zone Change # ____ ☐ Other ____
Status:	☐ **Permitted** ☐ **Denied**	☐ **Pending:**
Checked by:	**Community Development**	**Date** / **Applicant Initials**
Fire Permit:	☐ **Required** ☐ **Not Required**	**Date** / **Fire Plans Initials**

• PLEASE PRINT ALL INFORMATION LEGIBLY •