



City of Henderson

Business Registration – Non-Privileged

240 S. Water Street, Henderson, NV 89015 (702-267-1730)

Business Information

Mark all that apply:

New Business Change in Ownership or Reorganization¹ Change in Name¹ Change in Location²

Additional, or Change to, Business Activity for Currently Licensed Business

(In the area below, clearly describe all business activities.)

Type of Business Organization:

Sole Proprietor Corporation Limited Liability Company
 General Partnership Limited Partnership

Name of Applicant (as filed with nvsos.gov):

Nevada Business ID: NV

Anticipated Opening Date in Henderson:

Business Name (DBA):

¹ Previous Business Name/Ownership:

Email Address:

Phone:

Street Address:

City, State, Zip:

Mailing Address:

City, State, Zip:

Property Owner:

If Operating within Another Business, Provide Name of Business:

² Previous Business Address:

Primary Business Contact Information

Name:

Phone:

Email:

Business Activities (check all that apply)

Bookkeeping Counseling Reflexology (Therapist)
 Check Cashing Interior Design Tobacco Paraphernalia
 Contractor Massage (Therapist) Tobacco Sales
 Cosmetology Product Sales (New) Other _____

Business Description: Provide a concise description of the business activities to be conducted. Be certain that all phases of the business to be transacted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for denial of the license or the revocation of the license. Attach separate sheet if necessary.

Gross Revenue Declaration:
(If applicable to classification)

Quantity Declaration:
(# of professionals, vehicles, stations, chairs, etc.)

Owner(s), Partner(s), Corporate Officer(s), Etc.

Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:

Certification:

I, the undersigned have answered all questions in the above application, and to the best of my belief all answers are true and correct. I further understand that disclosure of any false or misleading information or any incomplete answers in the above could result in automatic denial, or revocation, of the license if already issued:

In addition, I acknowledge and understand the following:

1. I cannot commence operation until such time as the required department approvals have been obtained, including but not limited to a Health Permit and filing with the Nevada Department of Taxation, where applicable.
2. I cannot commence operation until approval is received from the Business Operations Division.
3. I must notify the Business Operations Division, in writing, of any change including business name, addresses, ownership, corporate officers, management or key employee, where applicable.
4. I may not operate the business for which this application is made at any other address than that listed on this application.
5. I am solely responsible for maintaining current and active licenses applicable to the operation of our business, including ensuring the payment of fees in accordance with the appropriate licensing categories.
6. I accept that payments must be received by the City prior to their respective due dates and that a postmark shall not be recognized as meeting the receipt requirement.
7. I am not required to be notified by the Business Operations Division when license fees are due and payable and failure by the Division to provide such notification does not constitute a waiver of the payment of license or delinquency fees.
8. I may be subject to issuance of a misdemeanor citation for each and every day I am in violation of any of the above.
9. Should this application be granted, I accept same subject terms and provisions thereof and further acknowledge that I am subject to all current provisions of Title 4 of the Henderson Municipal Code as well as such rules and regulations as may at any time be adopted or enacted by the City Council of the City of Henderson, Nevada and specifically agree to observe and keep all of the provisions of such ordinances.

Signature of Applicant:

Date:



BUSINESS OWNERSHIP INTEREST AND CONTROL DISCLOSURE FORM

The information required on this form is pursuant to HMC Chapter 4.04. Please provide the full legal name of the following (use additional copies of this form if necessary):

- i) all individuals (including owners, partners, officers, managers, and directors) and corporations, companies, organizations, or other business entities, with an ownership interest (stock, equity in capital, or profit interest) in the business Applicant or the Owner(s) as shown on the Business Registration Form; and
- ii) all individuals, agents, managing employees, and management companies with the authority to legally or financially bind the business.

Name	Relationship	Percentage of Ownership Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this Business Ownership Interest and Control Disclosure Form, I attest that I have knowledge of the information provided herein, and that the ownership and control information is complete and accurate with respect to the Applicant or Owner(s) shown on the Business Registration Form. I further understand that any change in this information must be provided to the Business Operations Division within the time provided in HMC 4.04.125.

Applicant/Owner/Representative Signature

Date

Printed Name

Business Name (D.B.A.)

CITY HALL, 240 WATER STREET, HENDERSON, NV 89015
BUSINESS OPERATIONS DIVISION, Phone: 702-267-1730
Fax: 702-267-1704



CITY OF HENDERSON - BUSINESS LICENSE DIVISION COMMUNITY DEVELOPMENT ZONING COMPLIANCE CHECK

Proposed Business Name/DBA: _____

Applicant/Contact Name: _____

Proposed Business Address: _____

Primary Phone: _____ Business Cell | Secondary Phone: _____ Cell Other

New Business Change of Ownership Change of Address Update Business Activity Special Event

Concisely describe the specific business activity:

Does the business use or store hazardous materials/chemicals? Yes No

If YES, applicant must complete [hazardous materials questionnaire](#) (also 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

EFM Case Number

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		<input type="checkbox"/> Address Verified
Zoning		<input type="checkbox"/> Home-Based Business
Use Classification and Comments		
Approval Conditions	<input type="checkbox"/> Conditional Use Permit # _____ <input type="checkbox"/> Temporary Use Permit # _____ <input type="checkbox"/> Design Review # _____ <input type="checkbox"/> Variance # _____ <input type="checkbox"/> Vehicle Travel Distance # _____ <input type="checkbox"/> Zone Change # _____ <input type="checkbox"/> Pre-Existing Use _____ <input type="checkbox"/> Other _____	
Status	<input type="checkbox"/> Permitted <input type="checkbox"/> Denied <input type="checkbox"/> Pending: _____	
CD Review	_____ Signature	_____ Date
Fire Permit Requirement	<input type="checkbox"/> Required <input type="checkbox"/> Not Required	Date: _____ <div style="text-align: right;">Fire Plans Initials _____</div>

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	Type of Business	Business Telephone Number	
Business Address	City N/A	State	Zip Code
Federal Identification No.	Social Security No.	Contractor's Board License No.	
Name of Principal Owner (Please Print)		Principal Owner's Telephone No.	
Principal Owner's Address	City	State	Zip Code

Identified as: (Complete one section only)

That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage	Account Number
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That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has **no employees nor hires any independent contractor or subcontractor.**

That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date	Certificate Number
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I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): () Individual () Sole Proprietor () Partnership () Corporation

Name of Applicant (Please Print)	Applicant's Telephone No.		
Applicant's Residence Address	City	State	Zip Code

I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____ .

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
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Witness Signature - (Business License Office Employee)	Name of City or County
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If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____ .

NOTARY PUBLIC

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.



Executive Suite Location Acknowledgement Form

This form must be completed by the executive suite and returned to the Business Operations Division with the business license registration packet.

Executive Suite Information			
Name:			
Address:			
City of Henderson Business License Number:			
Business License Applicant Information			
Business Name:			
Assigned Phone Number: <small>Please list the phone number assigned to the business.* *REQUIRED</small>		Assigned Suite/Office Number: <small>For businesses occupying a specific suite/office within the location, please list the suite/office number assigned to the business.</small>	
<p>Signing this acknowledgement affirms that the business is located in your facility and you are acknowledging that the above named executive suite business is providing, to the business license applicant named above, the minimum location requirements as an “Executive suite” or “shared office business” set forth in Henderson Municipal Code 4.04.010 which are as follows:</p> <p><input type="checkbox"/> Provide personalized telephone answering; and <input type="checkbox"/> Mail service; and</p> <p><input type="checkbox"/> One or more of the following (Check all that apply):</p> <p><input type="checkbox"/> A separate business listing in a public area; <input type="checkbox"/> A reception area with receptionist;</p> <p><input type="checkbox"/> A definite number of hours of use of an office (# of Hours _____);</p> <p><input type="checkbox"/> Use of a conference or meeting room; <input type="checkbox"/> Exclusive use of an office;</p> <p><input type="checkbox"/> Availability of secretarial, clerical, and/or data processing staff;</p> <p><input type="checkbox"/> Availability and use of office equipment</p>			
Signed:			Date:

Please note: In order for clients of an executive suite to obtain a business license at an executive suite location, the business must have an assigned suite/office or meet the minimum location requirements.

In addition, Henderson Municipal Code prohibits “license hanging”. Please see the reverse of this form for additional information regarding license requirements.

Henderson Municipal Code - 4.04.020 License required.

A. It shall be a violation of the provisions of this title and unlawful for any person to commence, carry on, engage in or continue in the city any business without first obtaining a license and paying the appropriate license fee as provided by terms and provisions of this title.

B. A license shall only be issued if the applicant has a fixed place of business from which the business will be conducted, unless this title specifically states otherwise. Once issued a license, the licensee shall not engage in business from any other premises other than the premises for which the license was issued.

C. No licensee engaged in business within the city limits of the city shall allow the license of any other business to be displayed, i.e., "hang," at the licensee's premises. For purposes of this subsection, a license "hang" is defined as using the address of a licensed business as the business address of another business not actually licensed to operate at the licensed location.

D. Upon the filing of a complete and accurate business license application and the payment of all required fees, the applicant may be issued either a permanent or a temporary business license by the division. A permanent license will be issued provided that the requirements of all appropriate federal, state, county and municipal laws and regulations have been met and that all specific requirements of all departments of the city have been met and properly approved. A temporary business license for a business license type not subject to the provisions of chapter 4.03 may be issued and if issued shall permit the applicant to engage in business at the location designated on the license for a period of up to, but not to exceed, 60 days, within which all inspections and requirements imposed upon the applicant by the various departments or divisions of the city are to be complied with. Upon the recommendation by the various departments or divisions within the city, the division shall have the discretion to extend such temporary business license for a period of an additional 60 days. It shall be the sole responsibility of the applicant to schedule all follow-up inspections necessary to comply with all the requirements and corrections. Should the applicant fail to meet the requirements as set forth by the departments or divisions of the city within the maximum prescribed time limit of 120 days (or 60 days if no extension was granted), the temporary license shall no longer be valid. Continued operation of the business, once the temporary business license is invalid, shall constitute a violation of this title, and the business shall be subject to legal action as prescribed by this title, the penalties for which are described in section 4.04.230. A license that is deemed invalid may not be reinstated.

E. The address of a commercial mail receiving agency ("CMRA") may be used for the mailing address of a business not owned and operated by the owner(s) of said CMRA, but must not be represented or held out to be the physical location of such business. A designation of "suite," "number," "room," "apartment (apt.," or any similar designation so as to lead a reasonable and prudent person to believe that the address is the physical location of the business shall not be used. The owner or operator of a CMRA shall keep on file the Form 1583 as required by the United States Postal Service and shall make the same available to the director, his designee or an officer of the business operations division upon request.

F. It shall be the responsibility of the owner or operator of the CMRA to inform any and all clients of the above requirement.

G. Licenses may be issued to businesses proposed to be located in properly licensed executive suites or shared office establishments. It shall be the responsibility of the owner/operator of the executive suites or shared office establishment to obtain, maintain, and produce upon request by the city the records on each tenant of said business, including but not limited to a credit application, an application that includes identifying information regarding the names and residential addresses of each owner or corporate officer, a completed postal service Form 1583 (if mail service is part of the services provided), and a completed and signed service contract or service agreement between the licensed executive suites or shared office business and the proposed business. Failure to provide the requested business information as required in this subsection constitutes a violation of the provisions of this title. (Ord. No. 3290, § 1, 10-6-2015)



GROSS REVENUE BUSINESS LICENSE FEE SCHEDULE AND REPORTING INSTRUCTIONS

This schedule is to be used in the determination of business license fees which are based on semi-annual gross revenue. The **initial license fee** shall be based on a true estimate of anticipated gross revenues for the **first 5 months** of operations. Fees for the second license period should also be based on gross revenues generated during those initial 5 months of operations. The calculation of fees for the **third semi-annual period and all other periods** thereafter, shall be based on revenues generated during the previous **6 months**. For example: If the third license renewal period due date is 7/31/XX, then gross revenues should be calculated from 1/1/XX through 6/30/XX.

TOTAL GROSS REVENUE		SEMI-ANNUAL LICENSE FEE
FROM	TO	
\$0.00	\$ 12,000.00	\$ 25.00
12,001.00	18,000.00	35.00
18,001.00	24,000.00	42.00
24,001.00	30,000.00	54.00
30,001.00	45,000.00	66.00
45,001.00	90,000.00	78.00
90,001.00	135,000.00	90.00
135,001.00	180,000.00	100.00
180,001.00	240,000.00	120.00
240,001.00	300,000.00	167.00
300,001.00	360,000.00	200.00
360,001.00	420,000.00	230.00
420,001.00	480,000.00	270.00
480,001.00	540,000.00	300.00
540,001.00	600,000.00	350.00
600,001.00	660,000.00	370.00
660,001.00	720,000.00	400.00
720,001.00	780,000.00	440.00
780,001.00	840,000.00	470.00
840,001.00	900,000.00	500.00
900,001.00	960,000.00	540.00
960,001.00	1,020,000.00	570.00
1,020,001.00	1,080,000.00	600.00
1,080,001.00	1,140,000.00	640.00
1,140,001.00	1,200,000.00	670.00
1,200,001.00	AND OVER	MULTIPLY BY .00056

THIS SCHEDULE IS FROM CITY OF HENDERSON MUNICIPAL CODE 4.05.010



City of Henderson

Business License Supplemental Information

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

SilverFlume – NEVADA’S BUSINESS PORTAL

Register online at www.nvsilverflume.gov to create your entity (ownership structure) and register for a State of Nevada Business License or Exemption with the Nevada Secretary of State; and file for Workers’ Compensation, Nevada Labor Law, and Nevada Department of Taxation requirements via SilverFlume. You may also be able to submit your City of Henderson application via SilverFlume.

BUSINESS LICENSING IN SOUTHERN NEVADA:

City of Boulder City
401 California St
Pkwy Boulder City, NV 89005
702-293-9219
bcnv.org

City of Las Vegas
333 N Rancho Dr
Las Vegas, NV 89101
702-229-6281
lasvegasnevada.gov

City of North Las Vegas
2250 Las Vegas Blvd North
North Las Vegas, NV 89030
702-633-1520
cityofnorthlasvegas.com

Clark County
500 S Grand Central
Las Vegas, NV 89155
702-455-4252
clarkcountynv.gov

STATE AGENCIES AND CONTACTS:

NV Secretary of State - Commercial Recordings Division (LV Office)
2250 Las Vegas Blvd North
Fourth Floor
North Las Vegas, NV 89030
702-486-2880 (Inside NLV City Hall)
nvsos.gov

Nevada Department of Taxation Las Vegas Office:
555 E Washington Ave, Ste. 1300
Las Vegas, NV 89101
866-962-3707
tax.state.nv.us

Nevada Department of Taxation Henderson Office:
2550 Paseo Verde Pkwy, Ste. 180
Henderson, NV 89074
866-962-3707
tax.state.nv.us

Nevada Department of Health and Human Services
4126 Technology Way
Ste. 100
Carson City, NV 89706-2009
775-684-4000
dhhs.nv.gov/

State of Nevada Contractor’s Board
2310 Corporate Circle
Ste. 200
Henderson, NV 89074
702-486-1100
nvcontractorsboard.com

Nevada Department of Motor Vehicles
1399 American Pacific Dr
Henderson, NV 89074
702-486-4368
dmvnmv.com

Nevada Department of Business and Industry
3300 W Sahara Ave
Ste. 425
Las Vegas, NV 89101
702-486-2750
business.nv.gov

Nevada Division of Industrial Relations
Workers’ Comp. Section
3360 W Sahara Ave Ste. 250
Las Vegas, NV 89102
702-486-9080
dir.nv.gov/WCS/home/

RESOURCES:

Clark County Clerk (Fictitious Firm Name/dba filings)
Commission Division
500 S Grand Central Pkwy
1st & 6th Floors
Las Vegas, NV 89155
---or---
240 S Water St
Henderson, NV 89015
This location is only open Wed & Thurs.
8:30am–12:30pm & 1:30-5:00 pm
702-671-0500
clarkcountynv.gov/clerk/

City of Henderson Animal Control
300 E Galleria Dr
Henderson, NV 89011
702-267-4970, Option 4

Henderson Chamber of Commerce
590 S Boulder Hwy
Henderson, NV 89015
702-565-8951
hendersonchamber.com

Southern Nevada Health District
280 S Decatur Blvd
Las Vegas NV 89107
702-759-1000
southernnevadahealthdistrict.org

Nevada Transportation Authority
3300 W Sahara Ave Ste. 200
Las Vegas, NV 89102
702-486-3303
nta.nv.gov

Nevada Small Business Development Center
1951 Stella Lake St
Las Vegas NV 89106
or
8050 Paradise Rd
Ste. 100
Las Vegas NV 89123
702-876-0003
nevadasbdc.org/

Be sure to maintain your license! After submitting your application, visit the following to create your account and register to submit online payments: https://dsconline.cityofhenderson.com/energov_prod/selfservice#home. Once you have completed the required fields and submitted your information; you will receive an automated email requesting that you validate your email address by clicking “Confirm”. After validating your email, you will receive an additional email that reads, “Welcome to DSC Online, your account is now active and ready to use.” You will need to contact our office to have your business license(s) linked to your DSC Online account. The Business Operations Division can be reached by calling 702-267-1730 ext. 3 or by emailing cohbuslc@cityofhenderson.com.

08/13/2019

Please make note of your username and password as the City does not retain or have access to this information.

Fictitious Firm Name (DBA) Filings

Office of the Clark County Clerk

It is required by Statute (NRS 602.010) that every person doing business in the state of Nevada under an assumed or fictitious name which does not show the real name of each person who owns an interest in the business must file with the County Clerk of each county in which the business is being conducted a certificate containing the information required by NRS 602.020.

- Fictitious Firm Names must be renewed every five years.
- A search of the records is advised prior to filing. A database search can be done in person for no charge at one of the locations indicated below. Individuals may also search the Clark County Clerk database on their Web site at <https://clerk.clarkcountynv.gov/ClerkEcommerce>
- The filing of a fictitious firm name does not give exclusive rights to the use of that name. A fictitious filing is required by statute (NRS 602.010) and is also required by the business license office before issuing a license under a fictitious name.
- A person doing business in this state without complying with the requirements of this chapter or having falsely filed a certificate of termination, is guilty of a misdemeanor (NRS 602.090)
- Each individual business name must have a separate filing. Multiple fictitious names cannot be included on a single certificate.
- Fictitious firm name forms may be obtained at the Office of the Clark County Clerk or on their web page at <http://www.clarkcountynv.gov/clerk/Pages/Formsx.aspx>
- Fictitious firm name forms must be notarized prior to filing, or all parties must sign in person in front of a Deputy County Clerk. Identification must be shown if signing in front of a Deputy County Clerk.
- Filings, renewals, address changes, and terminations may be submitted in person at any County Clerk location on the days and during the hours set forth below.

County Clerk's Main Office

200 Lewis Avenue, Box 551604
Las Vegas, Nevada 89155-1604
(702) 671-0500 • (702) 382-3611 Fax
Monday-Friday 8am-5pm
(closed all legal holidays)

Commission Division

500 S. Grand Central Parkway, 1st Floor
Las Vegas, NV 89155
(702) 455-4431
Monday-Friday 8am-5pm
(closed all legal holidays)
Marriage Certificate Filing and Purchase
Fictitious Firm Name and Notary Bond Filing
Passport Acceptance (by appt. only)
County Records Search • Proof of Life

Office of Civil Marriages

330 S. 3rd Street
Las Vegas, NV 89101
(702) 671-0577 Phone
Walk-ins: Mon-Thurs 2-6pm; Sun 9am-5pm
(closed 11:30am-noon)
Appointments: Fri 9:30am-8:45pm; Sat 12:30-8:45pm

Marriage License Bureau

201 E. Clark Avenue
Las Vegas, NV 89101
(702) 671-0600 • (702) 385-8911 Fax
7 days per week, 8am-midnight
(open all holidays)
Marriage License Issuance
Vow Renewal Certificate Issuance
Fictitious Firm Name and Notary Bond Filing

Henderson Office

240 S. Water Street
Henderson, NV 89015
Wednesday & Thursday, 8:30am-5pm
(closed noon-1pm and all legal holidays)
Marriage License Issuance
Fictitious Firm Name and Notary Bond Filing

Laughlin Office

101 Civic Way
Laughlin, NV 89029
Thursday, Friday & Saturday 10:30am-4:30pm
(closed 12:30-1pm and all legal holidays)
Marriage License Issuance
Fictitious Firm Name and Notary Bond Filing

- **Forms that appear to be altered by the use of "white out" will not be accepted.**

Filing Fees must be paid by cash check or money order made payable to County Clerk.

Fictitious Firm Name Fees:

Copies \$.50
Certification \$ 6.00
New Filings & Renewals \$20.00
Searches \$.50