



CITY OF BOULDER CITY
NON-RESIDENT BUSINESS LICENSE APPLICATION

REV 3/07

401 California Ave. Boulder City NV 89005
Mailing address: PO Box 61350 Boulder City NV 89006
Phone 702-293-9219 Fax 702-293-9411

DATE: _____

The undersigned hereby applies for a Business License for:

A. BUSINESS NAME: _____ Phone _____
Business Address _____
Mailing Address: _____

B. NATURE OF BUSINESS:
Retail Service Wholesale Contractor (classification) Mobile Food Vendor
Explain fully: _____

Include a copy of the following:

- 1. Current City or County Business License from the issuing city where the office is located.
2. Any State Required License (ex. Contractors, Bail Bonds, Pest Control, Real Estate, etc.)
3. Corporations need to list all officers' names, home addresses, phone numbers, DOB & SSN on a separate sheet of paper.

C. BUSINESS OWNER(S) or (If partnership) List on separate sheet of paper if necessary.
Owner: _____ Title: _____
Home Address: _____
Social Security Number: _____ Phone number: _____

D. NAME OF APPLICANT:
Name: _____ Phone number: _____
Home Address: _____

E. ANNUAL BILLING [] SEMIANNUAL BILLING []

License fees are listed below and will be prorated for the initial application.

Table with 3 columns: Business Type, Fee Description, and Amount. Rows include Retail Business, Service Business, Wholesale Business, Contractor, Mobile Food Vendor, and Coin Operated Machines. Includes a prorated fee section at the bottom.

I/We do hereby declare that all statements contained in this application are true and correct to the best of my knowledge, and that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a City License. Should this application be granted, I/We will accept such license subject to the terms and provisions of the Ordinance under which granted.

Signature of Applicant: _____ Title: _____
(Document must be notarized if not signed in presence of Boulder City Business License Personnel)

OFFICE USE ONLY

License # _____ Date: _____
Comments: _____ Clerk: _____