



Business License Division

Complaint **Inquiry**

Complainant Information:

Name:		Phone Number:
Address:		Best Time for Contact:
City:	State:	Zip Code:

I am supplying the following information to the City of North Las Vegas, Business License Division, to determine whether or not a violation of the City Business License Code has occurred and if further action is necessary. I understand that the City of North Las Vegas, Business License Division has limited ability to regulate how a person operates their business and/or the quality of their product or service. I also understand that the City of North Las Vegas, Business License Division cannot act in any legal capacity in resolving a complaint nor can it promise refunds or other remedies in connection with this complaint. I acknowledge that the information supplied in this form is true and accurate to the best of my knowledge. Further, the information is being submitted voluntarily and is given for the sole purpose of assisting the City of North Las Vegas, Business License Division in the enforcement of its Business License Code.

Complainant Signature: _____

Date: _____

Please return completed form to:

**City of North Las Vegas
2200 Civic Center Drive
North Las Vegas, NV 89030**

Office Use Only:

Walk In
Fax
Mail In

Complaint Received By: _____

Date: _____

Officer Assigned: _____

2200 Civic Center Drive
North Las Vegas, Nevada, 89030
702-633-1520 (Phone)
702-399-8099 (Fax)

Revised 01/20/2009

Offender Information:

Business Name:		NLV License Number:
Address:		Phone Number:
City:	State:	Zip Code:
Cell Phone:	Pager:	Fax:
Business Owner Name(s)/Contact Name(s):		

Descriptive Information Regarding Offender:

Name: _____

Male Female

Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Facial Hair: _____

Noticeable scars, tattoos or unusual features: _____

Vehicle Information Related to Offender:

Make: _____

Model: _____

Color: _____

License Plate Number: _____

State: _____

Additional Descriptors (i.e. ladder racks, tool lockers): _____

Please list other agencies contacted, such as the County, State or Federal Government.

Agency	Person Contacted	Date Contacted	Phone Number	Fax Number

Office Use Only:

Case Number: _____

Case Status

Complaint

Inquiry

Officer Assigned: _____

Date Assigned: _____

Case Closure Status:

Complaint Unfounded

Other Jurisdiction/Referred

Victim Uncooperative

Corrective Action/Compliance Attained

Brief Summary of Action Taken:

Complainant notified of outcome:

Date: _____ Method of contact: In-Person Mail Phone

Reviewed By: _____

(Business License Manager)

Date: _____