



City of North Las Vegas

CANCELLATION REQUEST FORM

2250 N. Las Vegas Boulevard, Suite 110, North Las Vegas, NV, 89030 (702-633-1520)

I _____, the owner, officer or
Name

authorized party* for _____
Business Name

located at _____ request the
Address

cancellation of all licenses OR the license(s) listed below:

License Number	License Classification

The business has/was:

- closed.
- relocated outside of North Las Vegas and will not conduct any business within the City that requires a business license.
- restructured and requires new licensing.
- sold.

Signed

Title

Date

*Please note: An individual acting as an authorized party must provide a letter of authorization on company letterhead or a notarized letter signed by an owner/officer to act on behalf of the company.

This request for cancellation is limited to licenses issued by the City of North Las Vegas.