



Michele W. Shafe Clark County Assessor

City of North Las Vegas
NEW BUSINESS INFORMATION

(Please Print)

BUSINESS NAME (DBA): _____ **PHONE:** _____

DATE OPENED OR ANTICIPATED OPENING: _____

LOCATION ADDRESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

OWNER OR CONTACT PERSON: _____

WAS THIS A CHANGE TO AN EXISTING BUSINESS? **YES** ____ **NO** ____

IF YES, INDICATE PREVIOUS NAME OF BUSINESS _____

PREVIOUS LOCATION, IF APPLICABLE _____

ARE THERE ADDITIONAL LOCATIONS FOR THIS BUSINESS? **YES** ____ **NO** ____

(If yes, please list additional locations and attach to form)

SIGNATURE: _____ **DATE:** _____

****If you have any questions regarding the assessment of Business Personal Property please contact our office at:**

**500 S. Grand Central Pkwy #P.O. Box 551401
Las Vegas, NV 89155-1401
Phone (702) 455-4997**

FOR OFFICIAL USE ONLY

Tax District: _____ Area: _____ 99- _____
