



Business License Checklist

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

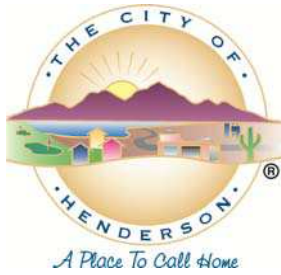
Applicants must submit ALL of the following before the issuance of a business license:

- Complete **Business Registration Form**
- Complete **Liquor License Registration Form**
- Child Support Form** (to be completed by sole proprietors and all members of general partnerships)
- Proof of active entity status with the **Nevada Secretary of State** (to be provided by corporations, limited liability companies and limited partnerships).
- Complete **Division of Industrial Relations Affirmation of Compliance Form**
- Copy of **State Business License** or **exemption** from the **Nevada Secretary of State**
- Proof of current registration with the **State of Nevada Department of Taxation**
- Ownership Disclosure Form.** This is required for all corporations, limited liability companies, and limited partnerships
- Clark County Assessor’s Form** (only required for businesses located in the City of Henderson)
- Copy of **Health Permit** or **Health Certificate**
- Letter of Authorization** (if the application has been signed by someone other than an owner or corporate officer)
- Complete City of Henderson Police Department **Background Review Packet** as completed by sole proprietors, all members of partnerships, officers (President, Secretary or Treasurer) of Corporations, and Managers or Members of Limited Liability Companies residing in the State of Nevada. The fee for each person required to be reviewed is **\$250.00**
If no owners/officers/partners/managers/members reside in Nevada, a local Key Employee must be identified for review. The Key Employee will be required to complete the Background Review Packet as well as the Employment Verification Form. The review fee for the Key Employee is \$100.00.
Further information on the Background Review Packet can be found on the enclosed background investigation checklist or by contacting the Investigations Unit of the Henderson Police Department at 702-267-5000.
- \$25.00** one-time, non-refundable application fee
- \$1,250.00** one-time liquor license origination fee OR purchase acknowledgement form, if applicable
- \$400.00** semiannual fixed business license fee
- Variable fee** based on Gross Revenue estimate – please refer to attached fee schedule for instructions on calculating the variable fee*
*for all non-alcoholic sales, if applicable
- \$30.00 per vehicle** semiannual service vehicle business license fee*
*only applicable to businesses not based in the City of Henderson but coming into the City to perform liquor catering services

And ONE of the following items verifying business location:

- Henderson Commercial-Based Businesses:**
Zoning Compliance Checklist to be submitted to the Community Development Department, 267-1500 (A license will not be issued until all requirements and conditions have been met.) A site plan or building layout that clearly identifies the location that the business will be occupying is required for all applications.
*Businesses operating from an “Executive Suite” must provide an **Executive Suite Location Acknowledgement form** which will be supplied to the applicant by the “Executive Suite”. Businesses operating from a “Shared Office” must provide a **copy of the contract or agreement.** (Locations must meet requirements set forth in HMC 4.04.010).*
OR
- Henderson Home-Based Businesses:**
Home Occupation Permit, Community Development Department, 267-1500 (\$15.00 fee). *This permit must be applied for in person. If the business license applicant is not the property owner, the property owner must sign the form before a public notary prior to the application being submitted.*
OR
- Businesses in Nevada, but not in the City of Henderson:**
Copy of **Business License** where business is located, if located in the State of Nevada but not in the City of Henderson.

Based upon Henderson Municipal Code, this category of license is considered “privileged” and requires City Council approval prior to issuance. Your business will be scheduled for Council approval at the nearest possible Council meeting after the Henderson Police Department has completed their background review. Henderson City Council meets on the first and third Tuesday of each month.



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 application; 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 application. I further understand that any change in this information must be provided to the business license division within the time provided in HMC 4.04.120.

Applicant/Owner/Representative Signature

Date

Printed Name

Business Name



City of Henderson

Business License Supplemental Information

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

Nevada Secretary of State

Register for a State of Nevada Business License* or Exemption

555 E Washington Ave., Suite 5200, Las Vegas, NV 89101

1-800-450-8594

Register online at nvsos.gov

*Corporations, Limited Liability Companies and Limited Partnerships must also register as a Nevada Entity before applying with the City.

Driving directions: Exit I-515 N/US-93 N/US-95 N at Eastern Ave, go north on Eastern Ave. and turn left at E Washington Ave. The Grant Sawyer Office Building, 555 E Washington Ave, will be on your left.

State of Nevada Department of Taxation

Register for a Sales Tax Permit, Use Tax Permit or Exemption

555 E Washington Ave., Suite 1300, Las Vegas, NV 89101

1-866-962-3707

Register online at tax.state.nv.us

Henderson office: 2550 Paseo Verde Pkwy, Suite 180, 89074

Exit the I-215W at Pecos Rd (Exit 6) and proceed south towards St. Rose Pkwy. Turn left on Paseo Verde Pkwy. 2550 Paseo Verde Pkwy will be on your left.

BUSINESS LICENSING IN SOUTHERN NEVADA:

City of Boulder City

401 California St.
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 Pkwy
Las Vegas, NV 89155
702-455-4252

clarkcountynv.gov

STATE AGENCIES AND CONTACTS:

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

dmvnm.com

Nevada Department of

Business and Industry

555 E Washington Ave.
Ste 4900

Las Vegas, NV 89101

702-486-2750

business.nv.gov

Nevada Division of

Industrial Relations

400 W King St.

Ste 400

Carson City, NV 89703

702-486-9080

dirweb.state.nv.us

RESOURCES:

Clark County Clerk

(Fictitious Firm Name/dba filings)

200 Lewis Ave, 5th Floor, 89101

---or---

500 S Grand Central Pkwy 89155

Las Vegas, NV

---or---

240 S Water St.

Henderson, NV 89015

This location only open Thursdays

8:30 am – 12:30 pm & 1:30-500 pm

702-671-0500

clarkcountynv.gov

City of Henderson

Animal Control

300 E Galleria

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

520 E Lake Mead Pkwy

Suite F

Henderson, NV 89015

702-759-1040

or

330 S. Valley View Blvd

Las Vegas, NV 89152

702-759-1000

southernnevadahealthdistrict.org

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

Once you have obtained your City of Henderson Business License, you can set up an account online at cityofhenderson.com to pay your semiannual license renewals.

Under the online services tab, click Pay Business License Fees Online, then create a new account.

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

Business Name/DBA/Fictitious Firm Name Filing

The following basic information is provided for your convenience. Copies of your Fictitious Firm Name Form are not required with your City of Henderson Business License application.

Fictitious Firm Name Forms, necessary for filing a fictitious name/DBA, are available at some banks, the Clark County Clerk's Office, or the Clark County web site (www.accessclarkcounty.com). Forms must be completed and signed prior to filing.

Filing Your Fictitious Firm Name Form

Fictitious Firm Name Forms must be filed with the County Clerk. A filing fee (currently \$20 but subject to change) is required and forms may be filed at either of the following locations:

Regional Justice Center

200 Lewis Avenue, 5th Floor, Las Vegas, NV 89101
702-671-0500

Directions: From Henderson, travel Northbound on 95. Take the Las Vegas Blvd exit, turning left onto Las Vegas Blvd. Turn right on Bridger, Left on Third and travel 1 block to Lewis.

Henderson City Hall

Marriage Services Office

240 Water Street, Henderson, NV 89015

Services available on Thursday 8:30 am 12:00 pm – 12:30 pm – 5:00 pm

Copies: Copies may be required for other agencies or purposes, such as opening a bank account.

If you have further questions about your business name or filing the name, you will need to contact the Clark County Clerks Office directly at 702-455-2590 or 702-671-0500.



City of Henderson

Business Registration Form

240 Water Street ♦ Henderson NV ♦ 89015 ♦ 702-267-1730

Office Use Only:		<input type="checkbox"/> Reinstatement - Must meet eligibility requirements
-------------------------	--	--

<input type="checkbox"/> New Business	Change in: <input type="checkbox"/> Location <input type="checkbox"/> Name <input type="checkbox"/> Other -	Opening Date:
---------------------------------------	---	----------------------

Applicant/Owner:	Received:
Doing Business As/Operating Name:	
*Prior Business Name/Owner/Address:	

Business Phone:	Business Fax:
------------------------	----------------------

Business Address: Street:	Mailing Address: Street:
--	---

City, State, Zip:	City, State, Zip:
--------------------------	--------------------------

Type Of Business: Sole Proprietor LLC Corporation General Partnership Other _____

****Name of Owner(s), Partners, Officers:**

****Officers listed on this application are only to be the titles/roles filed with the Nevada Secretary of State****

Name:	Title:
--------------	---------------

Name:	Title:
--------------	---------------

Name:	Title:
--------------	---------------

Business Description: Concisely describe the type of business activity/activities to be conducted in or from the City of Henderson:

Declaration - i.e. Amount of anticipated gross revenues for first 5 months, or number of State licensed professionals operating at this location, or number of vehicles, etc. **Fixed fee license types do not have a declaration.**	\$
Refer to your checklist and/or Business Licensing for your declaration type	#

Office Use Only:	
-------------------------	--

Certification:
 (I) (We), the undersigned have answered all questions in the above application, and to the best of my (our) belief all answers are true and correct. (I) (We) further understand that disclosure of any false or misleading or any incomplete answers in the above could result in automatic denial, or revocation, of the license if already issued:
 In addition, (I) (We) acknowledge and understand the following:
 1. (I) (We) cannot commence operation until Business License Division requirements approval is received from the Business License Division.
 2. (I) (We) must notify the Business License Division of any change including business name, addresses, ownership, corporate officers, management or key employee, where applicable.
 3. (I) (We) may not operate the business for which this application is made at any other address than that listed on this application.
 4. (I) (We) are solely responsible for maintaining current and active licenses applicable to the operation of our business, including the payment of fees in accordance with the appropriate licensing categories.
 5. (I) (We) may be subject to issuance of a misdemeanor citation for each and every day (I) (We) are in violation of any of the above. Should this application be granted, (I) (We) accept same subject terms and provisions thereof and subject to 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 inviolate all of the provisions of such ordinances.

Signature of Applicant:	Date:
--------------------------------	--------------



Liquor License Application

240 Water Street ♦ Henderson NV ♦ 89015 ♦ 702-267-1730

Applicant:			
Doing Business As:			Start Date:
Business Phone:		Business Fax:	
Business Address: Street:		Mailing Address: Street:	
City, State, Zip:		City, State, Zip:	
Type Of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
List the names of all persons having an interest in this business (please do not list home information for contact information)::			
Name:	Title:		Contact Phone #:
Contact Address:	City:	State:	Zip:
Name:	Title:		Contact Phone #:
Contact Address:	City:	State:	Zip:
Name:	Title:		Contact Phone #:
Contact Address:	City:	State:	Zip:
Type Of Liquor License(s):			
<input type="checkbox"/> Beer, Wine, Spirit-based products and Liqueur Tasting <input type="checkbox"/> Manufacturer <input type="checkbox"/> Beer, Wine and Spirit-based Products Off-Sale <input type="checkbox"/> Beer, Wine and Spirit-based Products On-Sale <input type="checkbox"/> Catering <input type="checkbox"/> Full Off-Sale <input type="checkbox"/> Full On-Sale <input type="checkbox"/> Gift Basket <input type="checkbox"/> Nonprofit Club <input type="checkbox"/> Non-Restricted/Limited Gaming <input type="checkbox"/> Restaurant with Bar <input type="checkbox"/> Tavern <input type="checkbox"/> Wholesale/Import			
If granted the license applied for, I/we will conduct the establishment in accordance with the provisions of the laws of the United States pertaining to the sale of liquor, the State of Nevada, and the ordinances of the City of Henderson, applicable to the conduct of such business, and that such application is made upon the express condition that if such license be granted it shall be subject to revocation in accordance with the provisions of the ordinance.			
Signature of Applicant:			Date:



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

Business Name (d.b.a.): _____

This form is required for sole proprietors and all members of general partnerships. (Each individual is to complete one section.)
Senate Bill 356, implemented by the 1997 Session of the Nevada State Legislature and United States Federal Welfare Reform, requires that all business license applicants complete the following document:

Date: _____

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am **not in compliance** with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number _____ Signature _____

Printed Name _____

Date: _____

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am **not in compliance** with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number _____ Signature _____

Printed Name _____

Date: _____

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am **not in compliance** with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number _____ Signature _____

Printed Name _____

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	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
----------------------------	----------------

() 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
----------------	--------------------

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
--	--------------------------

Witness Signature - (Business License Office Employee)	Name of City or County
---	-------------------------------

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.

To fill in the blanks with your information, place cursor in first blank area, enter Business Name and hit the tab key to continue through the document. Print when finished. This document cannot be saved as it is a Read Only document.



Michele W. Shafe Clark County Assessor

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- _____
---------------------	-------------	-----------



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

DBA/Name of Proposed Business: _____
 Applicant Name: _____
 Address of Proposed Business: _____ Suite # _____ Henderson, NV _____
 Email: _____
 Phone: () _____ FAX: () _____ **Anticipated start date of business:** _____
 Ownership Status: New Business Change of Ownership Business Name Change _____

If different from above:

Contact Name: _____
 Contact Address: _____ Email: _____
 City: _____ State: _____ Zip: _____ Phone: () _____ FAX: () _____

1. Concisely describe the specific business activity _____

2. What is the square footage of the space your business will occupy? _____ square feet
3. How many parking spaces are provided for your business*? _____ spaces
 *Check box if the building complex provides parking
4. Does the business use or store hazardous materials/chemicals? Yes No
 If YES, applicant must complete hazardous materials questionnaire (available at Community Development).

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 Date

Based upon the information provided above, the following items are required. Final approval by the Community Development Department IS NOT GRANTED until the items listed below and on-site inspections are completed.

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

APN		<input type="checkbox"/> ADDRESS VERIFIED IN KIVA
Zoning		
Use Classification and Comments	_____ _____ _____	
Check all that are required:	<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"/> PENDING subject to approval of items listed above <input type="checkbox"/> DENIED	_____ Applicant Initials
Checked by:	_____ Date: _____ Community Development	_____ Date: _____ Redevelopment

*PLEASE WRITE LEGIBLY AND ENSURE DATA IS CLEARLY TRANSFERRED ON ALL PAGES



Key Employee Verification Form

I, _____, as an owner/officer/member-manager of
Owner/Authorized Individual

_____, do hereby acknowledge that
Business Name

_____ has been designated as key employee of said
Employee

business for the following location(s):

<u>Business Name</u>	<u>Address</u>

Signature of Owner/Authorized Individual

Date

Printed Name

Title



City of Henderson

Background Investigation

Business License Checklist

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

After completing the licensing process, the applicant must submit their packet in person to the Henderson Police Department at 223 Lead Street between the hours of 9:00 am and 4:00 pm, Monday through Thursday*. Processing time averages 12 weeks. For questions relating to the background review, please contact the Background Investigations Unit of the Henderson Police Department at 702-267-4530.

HMC Section 4.03 Background Investigation and Fees

- All questions must be answered completely, in detail where required.
- Copy of **birth certificate**, translated into English, if necessary and then notarized as a true and exact copy.

OR

Original **passport** must be presented. (If presented, a photocopy must accompany the packet.)

- If a naturalized citizen, an original **Naturalization certificate** must be presented in person by the applicant. (If presented, a photocopy must accompany the packet.)
(a **US passport** will be accepted in place of the Naturalization certificate, if necessary)

OR

Alien Registration “green” card must be presented in person by the applicant. (If presented, a photocopy must accompany the packet.)

- Passport sized (2 inch x 2 inch) color photo**, taken within the last six months (cannot be a copy).
- All **notaries** must be completed prior to submitting application.
- Civil Applicant Waiver**.

***Individuals submitting a Background Investigation who do not reside in the Cities of Henderson, Las Vegas, Boulder City or North Las Vegas are not required to appear in person when submitting the packet, but must provide fingerprint cards from an authorized fingerprint agency along with the items listed above.**

Business License Hours of Operation: Monday-Thursday, 7:30 a.m. to 4:30 p.m.

Phone: 702-267-1730 • Fax: 702-267-1704 • <http://www.cityofhenderson.com>

Revised 03/09/10

70#: _____

HENDERSON POLICE DEPARTMENT BACKGROUND INVESTIGATION WORKSHEET

NAME

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS

STREET APT/SPACE #

CITY STATE ZIP

HOME PHONE

SOCIAL SECURITY # _____ DATE OF BIRTH _____

RACE _____ HEIGHT _____ HAIR _____

SEX _____ WEIGHT _____ EYES _____

PLACE OF BIRTH _____

OTHER NAMES USED (Maiden or Married)

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

TYPE OF BUSINESS LICENSE _____

POSITION IN BUSINESS _____



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) _____ that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) _____, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: _____

Address: _____

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____
(Applicant – Print name)

1. I understand that I am applying for a privileged license, permit or work card from the City of Henderson, Nevada and acknowledge that the burden of providing my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Police Department as agent of and for use by the City of Henderson and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly-appointed officer of the Henderson Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly-appointed officer of the Henderson Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of same, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. If the person to whom this request is presented is a criminal justice agency or a repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.
6. I do hereby make, constitute and appoint any duly-appointed officer of the Henderson Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for my use and benefit:
 - a. to request, review, copy and sign for or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present:
 - b. to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - c. to place the name of the Henderson Police Department officer presenting this request in the appropriate location on this request.

Applicants initials: _____

- 7. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
- 8. This power of attorney ends eighteen months from the date of execution.
- 9. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents or employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in law or equality, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
- 10. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fee, arising out of or by reason of complying with this request.
- 11. A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at _____
(City, State)
on the _____ day of _____, 20____.

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public in and for said County and State

Signature of the Henderson Police Department Officer presenting this request:

Date: _____

**HENDERSON POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

GENERAL INSTRUCTIONS: (CALL HPD INVESTIGATIONS DIVISION ON 267-4750 IF QUESTIONS)

1. Complete the entire questionnaire in a **legible** manner, either hand printed or typed.
2. If a particular area does not apply to you, put **N/A** (not applicable).
3. If the space available is insufficient, **use a separate sheet** and precede each answer with the number of the referenced block.
4. **Do not misstate or omit any material fact(s)** since the statements made by you in this application are subject to verification. Applicant must **initial each page** as provided in lower right corner to indicate that you have read the information as provided and it is correct.
5. Any applications that are submitted must be complete. Incomplete applications will be returned to the applicant, thus lengthening the time needed to complete the investigation.
6. The City of Henderson does not provide notary service, applicant is advised to have all applications notarized where needed before submitting questionnaires.
7. The following information is normally needed by the investigator assigned to your background investigation: Federal income tax forms, bank statements and brokerage statements. The investigator will tell you if they are needed and if any additional information is necessary. Have the above documents available if requested.
8. HPD does not make copies of any documents relating to the Personal History Questionnaire or the Personal Financial Questionnaire. The applicant is advised to make copies before submitting the questionnaires.
9. **All applicants are advised that this application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.**
10. **IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIM/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.**

I, _____, acknowledge that I have read the above and understand that I must file a complete, legible and truthful application and provide additional information as requested by the investigator assigned to this investigation. If I do not, I may not be approved for the license desired or the investigation may take longer than allowed by statute and ordinances. I understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.

X

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

Are there any Limited Partnerships currently associated with this business or anticipated in the future? Yes No

Name of Limited Partnership

Attach copies of Limited Partnership papers, including names and amounts of all investors. If a Limited Partnership is anticipated in the future, papers must be filed with the Special Investigations Section at the time of the offering and a listing provided of all investors when the partnership is closed.

STATE OF NEVADA)
)
COUNTY OF CLARK) ss.

_____ being first duly sworn, deposes and says that he/she is the applicant for _____ shares of stock in the _____ corporation; that such ownership is not affected by any manner of agreement limiting such ownership, nor has it has been assigned or pledged to any person, firm or corporation, save and except as hereinafter specifically described (if not enough space, attach exhibits or a separate sheet of paper):

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

STATE OF NEVADA)
)
COUNTY OF CLARK) ss.

_____ being first duly sworn, deposes and says that he/she is the applicant for an individual license or for a _____ % share of the interest therein; that such ownership is not affected by any manner of agreement limiting such ownership, nor has it been assigned or pledged to any person, firm or corporation, save and except as hereinafter specifically described (if not enough space, attach exhibits or a separate sheet of paper):

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

Note: Each applicant must complete this page, sign and have notarized (even where no financial interest is involved).

1. Last Name	First Name	Middle Name
Aliases, nicknames, maiden name, other name changes – legal or otherwise		
2. Present Residence Address (number/street or rural address)	City – Post Office	State / Zip
Present Business Address	City – Post Office	State / Zip
Occupation	Phone (residence)	(business)
3. Date of Birth	Social Security #	Place of Birth (City/County/State)

ATTACH COPY OF BIRTH CERTIFICATE TO THIS APPLICATION

PHYSICAL DESCRIPTION

Sex	Height	Weight	Hair Color	Eye Color	Physical Build
Scars, tattoos, or distinguishing marks and/or characteristics					Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Driver's license #	State of issuance	Date photo taken
-----------------------	-------------------	------------------

Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list Alien Registration # _____ If naturalized, certificate number/date/place _____ <p align="center">IF NATURALIZED, DOCUMENT MUST BE VERIFIED BY HPD. If a Resident Alien, copy of front and back of card must be attached to this application.</p>	<p>TAPE A RECENT PHOTOGRAPH HERE</p>
---	---

5. Marital Status Single Married Separated Divorced Widowed Engaged

Name of Fiancée	Fiancée's address
-----------------	-------------------

6. Information concerning marriages:

FULL NAME OF SPOUSE (MAIDEN)	DATE MARRIED	WHERE MARRIED	STATUS	DATE MARRIAGE ENDED/WHERE
			<input type="checkbox"/> Still Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	
			<input type="checkbox"/> Still Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	
			<input type="checkbox"/> Still Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	
			<input type="checkbox"/> Still Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	

Current Spouse's Date of Birth	Current Spouse's Place of Birth (city/state)
--------------------------------	--

Spouse's Social Security #	Spouse's Employer and Occupation
----------------------------	----------------------------------

7. LIST THE NAME, ADDRESS AND EMPLOYMENT OF PREVIOUS SPOUSE(S) IN THE SPACES BELOW

Name of Spouse	Residence Address
Employment	Employment Address
Name of Spouse	Residence Address
Employment	Employment Address
Name of Spouse	Residence Address
Employment	Employment Address

8. CHILDREN AND DEPENDENTS (List ALL children, step-children and adopted children and give the following information). Attach additional sheets if necessary.

NAME	SEX	DATE OF BIRTH	PLACE OF BIRTH	ADDRESS	SUPPORTED BY

9. Mother's Full Name	Date of Birth	Residence Address
Employer	Business Address	
Father's Full Name	Date of Birth	Residence Address
Employer	Business Address	
Mother-in-Law's Full Name	Date of Birth	Residence Address
Employer	Business Address	
Father-in-Law's Full Name	Date of Birth	Residence Address
Employer	Business Address	

10. LIST NAMES AND ADDRESSES OF BROTHER(S), SISTER(S), STEP-BROTHER(S) AND STEP-SISTER(S)

Full Name	Date of Birth	Residence Address
Employer	Business Address	Relationship
Full Name	Date of Birth	Residence Address
Employer	Business Address	Relationship
Full Name	Date of Birth	Residence Address
Employer	Business Address	Relationship

Do you have any relatives living in a foreign country? Yes No
 (If yes, attach a separate sheet of paper listing names, relationship and address, including country.)

11. EDUCATION

	NAME OF SCHOOL	CITY AND STATE	DATES ATTENDED	GRADUATED	TYPE OF DEGREE/MAJOR
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

12. MILITARY STATUS

Have you ever been in any Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	Serial Number		
Date of Entry/Active Service	Date of Separation	Type of Discharge	Rank at Separation		

13. ARREST, DETENTION AND LITIGATION

Have you ever been arrested for ANY REASON WHATSOEVER, or issued a citation (excluding speeding and parking citations)? Yes No (If yes, give details on a separate sheet of paper, including the following information: Date of arrest, age, charge, location-city and state, disposition. LIST ALL CASES WITHOUT EXCEPTION.)

Have you or your spouse ever been involved in any court action, civil or criminal (including divorces)? Yes No (If yes, give details on a separate sheet of paper including the following information: Date of action, location, what court action was about. LIST ALL CASES WITHOUT EXCEPTION.)

Have you ever had a record, civil or criminal, sealed by a court order? Yes No (If yes, give details including where sealed and when, on a separate sheet of paper. LIST ALL CASES WITHOUT EXCEPTION.)

Has a city, state or federal crime commission ever questioned you? Yes No (If yes, give details on a separate sheet of paper.)

Have you ever been questioned by a grand jury? Yes No (If yes, give details on a separate sheet of paper.)

Has any member of your family, or spouse's family or relatives, ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Relationship	
Charge	Disposition	Date	Where

From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Liquor Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSING HISTORY

19. Have you ever held a privileged or professional license in any state, including but not limited to the following: Yes No

Race Horse/Race Dog Owner
 Trainer or Manager
 Jockey
 Boxing Promoter

Real Estate Broker
 Real Estate Salesperson
 Private Investigator
 Securities Dealer

Accountant
 Doctor
 Lawyer

Liquor
 Gaming

(IF YES, FILL OUT THE FOLLOWING CHART AND ATTACH ANY SHEETS FOR ADDITIONAL INFORMATION IF NEEDED.)

LICENSE	STATE	YEARS HELD	NATURE OF ANY DISCIPLINARY ACTION

- 20. Have you ever held a financial interest in a gambling venture, including a racetrack, racehorse or race dog, lottery, casino, bookmaking operation or pari-mutuel operation OUTSIDE the State of Nevada? Yes No
 (If yes, attach details on a separate sheet.)
- 21. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes No (If yes, attach details on a separate sheet.)
- 22. Have you ever been refused any license whatsoever or related finding of suitability, or been a participant in any group which has been denied any license whatsoever or related finding of suitability? Yes No
 (If yes, attach details on a separate sheet.)
- 23. Have you ever been granted a gaming or liquor license or been a participant in any group which has been issued a gaming or liquor license? Yes No (If yes, attach details on a separate sheet.)
- 24. Do you have any relatives associated with or employed in the gaming or liquor industry? Yes No
 (If yes, attach details on a separate sheet.)
- 25. If currently or previously employed in Nevada gaming or where a work card or permit was required, give dates and places of issuance of work cards or permits.

DATE	PLACE OF ISSUANCE	WORK CARD OR PERMIT #

26. Are you currently indebted to a gaming establishment? Yes No (If yes, attach details on a separate sheet.)
27. Have you filled out a Cash Transaction Report (CTR) or has one been filled out for you in the past three (3) years?
 Yes No (If yes, attach details on a separate sheet.)
28. Is there any other information not provided elsewhere in this questionnaire which may negatively or positively influence the results of this investigation? Yes No (If yes, attach details on a separate sheet.)
29. State the name and address of any person, firm or corporation that has advanced, or is in the process of advancing or loaning, monies to the applicant to assist in the financing of this business, and the relationship, if any, to the applicant. (Attach documentation to support this loan.)

NAME	ADDRESS	RELATIONSHIP TO APPLICANT	AMOUNT

Explain in detail the amount of the loan, terms, method of repayment, interest rates and collateral for any advance or loan listed above:

30. Do you intend to actively participate in the operation of this business for which this license is desired?
 Yes No If yes, state position: _____
 If no, state reason: _____

31. Have you ever held, or do you presently hold, a gaming or liquor license in any state? Yes No
 (If yes, list below)

DATE (FROM/TO)	TRADE NAME AND ADDRESS

32. Is entertainment to be used in this establishment? Yes No (If yes, what type?)

33. Have you obtained the necessary permits for this entertainment? Yes No N/A

34. Are the premises for which the license is requested, owned by you or a business in which you have an interest?
 Yes No Or a partner? Yes No Who _____

Are the premises: Rented Leased Subleased

List the name and address of the person or firm from whom you are leasing or renting.

35. Have you been in business as an owner or part-owner previously or are you engaged in an active business as an owner or part-owner at this time? Yes No (If yes, fill in the following, and explain any "other.")

BUSINESS NAME	BUSINESS ADDRESS	PARTNER(S) NAME(S)	DATES	STATUS
				<input type="checkbox"/> Still Open <input type="checkbox"/> Sold <input type="checkbox"/> Bankrupt <input type="checkbox"/> Other
				<input type="checkbox"/> Still Open <input type="checkbox"/> Sold <input type="checkbox"/> Bankrupt <input type="checkbox"/> Other
				<input type="checkbox"/> Still Open <input type="checkbox"/> Sold <input type="checkbox"/> Bankrupt <input type="checkbox"/> Other
				<input type="checkbox"/> Still Open <input type="checkbox"/> Sold <input type="checkbox"/> Bankrupt <input type="checkbox"/> Other

36. List names and addresses of persons or firms who will operate any type of vending machines or music boxes (including slot machines) in your establishment, that are not owned by you, in the spaces provided below. Provide documentation of agreements or leases.

37. I, _____ do hereby certify that I have read and understand the _____ ordinance.

(state type of license(s) applied for)

and will abide by its entirety or any amendments thereto, and furthermore certify that, if this application is approved and a license issued, it will be accepted by me, subject to the terms and provisions of the applicable ordinance and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the licensing board; and I acknowledge the power and authority of the licensing authorities or other authorized representative to enter any store or business establishment wherein the licensed business or operation is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance, examination of its books of account, or to determine the true parties or interest, including any person(s) having an interest in the licensing premises, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

STATE OF NEVADA)
)
COUNTY OF CLARK) ss.

_____ being first duly sworn, deposes and says that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge; that the same contains a full and true account of the information requested; and that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue, or revocation of, the license applied for, and should license applied for be granted, he/she agrees to abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

**HENDERSON POLICE DEPARTMENT
PERSONAL FINANCIAL QUESTIONNAIRE**

Last Name	First Name	Middle Name		Date
-----------	------------	-------------	--	------

Present Residence Address (Number & Street)	City	State	Zip Code
---	------	-------	----------

SUBMITTED IN CONNECTION WITH THE APPLICATION FOR A LICENSE FOR:

Business Name _____

Business Address (Number & Street)	City	State	Zip Code
------------------------------------	------	-------	----------

1. Total amount that you have invested or will be investing in this business? \$ _____
Percentage of ownership this will represent? % _____
2. Has your interest in the business been assigned, pledged or encumbered to any person, firm or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold either in part or in whole? | Yes | No (If yes, furnish details on a separate page)
3. Have you personally, or any spouse, or any business in which you had an interest, ever filed bankruptcy?
| Yes | No Where? _____ When? _____
(If yes, furnish details on a separate sheet including filing date, location, name of debtor, chapter type, reason for filing bankruptcy, and result of cases. Attach copies of the petition and discharge, including any adversarial claims.)
4. Has your Federal Income Tax Return ever been audited or adjusted? | Yes | No
(If yes, furnish details on a separate page.)
5. Last Federal Income tax was filed _____ for the year _____
at (City/State) _____ .
Applicants are advised that Federal Income Tax Returns will be required during the licensing investigations.
6. Has a tax lien ever been entered against you by any government agency? | Yes | No
(If yes, furnish details on a separate page including any documentation regarding the lien. If the lien has been released, attach copies of the release.)
7. Do you have a safe deposit box? | Yes | No
Number and Location _____
Amount of cash in box _____
(Include amount in "Cash on Hand" on supporting schedules)
8. Do you own or control any assets or liabilities located outside the United States? | Yes | No
(If yes, furnish details on a separate page.)

9. Do you control, manage or hold in trust any assets or liabilities for another person or entity? | Yes | No
(If yes, furnish details on a separate page)
10. If a corporation owns this business, attach the latest financial statements for the corporation.
11. Fill in the information below even if the spouse is not applying for this license.

Monthly Income	Applicant	Spouse
Salary	\$	\$
Interest	\$	\$
Dividends	\$	\$
Capital Gains	\$	\$
Other (describe)	\$	\$
Subtotal	\$	\$
Total Joint Income \$		
MONTHLY EXPENSES		
Mortgage	\$	\$
Rent	\$	\$
Utilities	\$	\$
Groceries	\$	\$
Entertainment	\$	\$
Clothing	\$	\$
Child Care	\$	\$
Other (describe)	\$	\$
Total Expenses	\$	\$

12. If this location is a new business, or has been opened/acquired within the last 12 months, the following information must be filled in. Fill in each line. If none, mark "0".

SOURCE AND APPLICATION OF FUNDS	
FUNDS AVAILABLE BEFORE OPENING	
Personal Funds (provide documents showing the source and availability of your personal funds invested)	\$
Investments (provide detail showing who invested the money and what interest they received for their investment)	\$
Loans from Lending Institutions (provide loan documents)	\$
Loans from Individuals and Business Entities (identify the individual or business and provide loan documents)	\$
Loans from Slot Route Operators (attach related documents)	\$
TOTAL FUNDS AVAILABLE BEFORE OPENING	\$
HOW THE FUNDS WERE SPENT BEFORE OPENING (Attach explanations giving brief descriptions of the following items)	
Prepaid Taxes and Licenses	\$
Other License Fees (such as business license, liquor license and investigative fees)	\$
Expenditures:	\$
Real Estate and Buildings (including construction and repair)	\$
Business Purchase Price (attach purchase agreement)	\$
Remodeling Costs	\$
Furniture, Fixtures and Equipment	\$
Inventory and Supplies	\$
All other Pre-Opening Expenses (such as salaries, advertising, deposits, etc)	\$
TOTAL PRE-OPENING CASH USED	\$
CASH AVAILABLE FOR OPERATION	
Total Funds Available, Minus, Total Pre-Opening Cash Used	\$

NET WORTH AS OF	Month	Year	
ASSETS: List all assets on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate attached schedule.			
ASSETS:	SCHEDULE	ORIGINAL COST/ INVESTMENT	FAIR MARKET VALUE
Cash on hand			
Cash in banks	A		
Accounts and Notes Receivable	B		
Stocks and Bonds	C		
Business Investments	D		
Real Estate	E		
Other Assets	F		
TOTAL ASSETS			
LIABILITIES: List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate attached schedule.			
LIABILITIES	SCHEDULE	ORIGINAL AMOUNT	PRESENT BALANCE
Accounts Payable (credit cards, etc.)			
Taxes Payable			
Notes Payable	G		
Mortgages Payable	H		
Other Liabilities	I		
TOTAL LIABILITIES			
NET WORTH: Total Assets – Total Liabilities			
Contingent Liabilities (from Schedule J)			

SCHEDULE A CASH IN BANKS

LIST BELOW ALL ACCOUNTS, FOREIGN AND DOMESTIC MAINTAINED BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN

NAME AND ADDRESS OF BANK	NAMES OF PERSONS APPEARING ON ACCOUNT	ACCOUNT NUMBER	DATE OPENED	INTEREST RATE	TYPE OF ACCOUNT	BALANCE AS OF (DATE)
TOTAL						

SCHEDULE B ACCOUNTS AND NOTES RECEIVABLE

LIST BELOW ALL ACCOUNTS AND NOTES RECEIVABLE HELD BY YOU, YOUR SPOUSE OR DEPENDENT CHILDREN. INDICATE WITH AN ASTERISK (*) IN THE FIRST COLUMN, ACCOUNTS AND NOTES RECEIVABLE HELD BY YOUR SPOUSE AND/OR DEPENDENT CHILDREN.

NAME AND ADDRESS OF DEBTOR	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	PAYMENT/ PERIOD	INTEREST RATE	MATURITY DATE	PURPOSE	COLLATERAL
TOTAL								

SCHEDULE C STOCKS AND BONDS

List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependent children have knowledge of what stocks and bonds are so held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK (*). Indicate by means of a double asterisk (**) next to the first column, all stocks and bonds held by your dependent children.

DESCRIPTION OF SECURITY	LOCATION OF ACCOUNT/STOCKBROKER NAME AND ADDRESS	TYPE	# OF SHARES/ UNITS OR PAR VALUE	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD AND LOCATION	MARKET VALUE AS OF (DATE) _____
						TOTAL	

SCHEDULE D BUSINESS INVESTMENTS

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations.

ENTITY NAME	TYPE OF ENTITY	# OF SHARES OR UNITS	PERCENT OF OWNERSHIP	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD	OTHER OWNERS AND PERCENTAGE	MARKET VALUE AS OF (DATE)
							TOTAL	

SCHEDULE F OTHER ASSETS

List below the information requested for all other assets held by you, your spouse and dependent children or in trusts. Indicate by means of an asterisk (*) in the first column, those assets held by your spouse or dependent children. (i.e. automobiles, personal property, cash surrender value of life insurance policies, pension plan, etc.)

TYPE OF ASSET	DATE OF PURCHASE	WHERE LOCATED	OWNERSHIP PERCENTAGE	OTHER OWNERS/THEIR RELATIONSHIP TO YOU	PURCHASE PRICE	MARKET VALUE
					TOTAL	

SCHEDULE G NOTES PAYABLE

List below the information requested for all notes payable for which you, your spouse or dependent children are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependent children are obligated, including all motor vehicle loans, (i.e. car, RV, motorcycle, boat, etc.)

NAME AND ADDRESS OF CREDITOR	DATE INCURRED	PURPOSE	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/PERIOD
							TOTAL	

SCHEDULE H MORTGAGES PAYABLE

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated. Indicate by an asterisk (*) in the first column, those mortgages/liens for which your spouse or dependent children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION/ ADDRESS OF REAL ESTATE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	POSITION OF MORTGAGE OR LIEN	PAYMENTS/ PERIOD
							TOTAL	

SCHEDULE I OTHER LIABILITIES

List below the information requested for any other indebtedness for which you and/or your spouse or dependent children are obligated. Indicate by means of an asterisk (*) in the first column any indebtedness for which your spouse or dependent children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF LIABILITY	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
								TOTAL	

SCHEDULE J CONTINGENT LIABILITIES

A contingent liability is one where you may be liable if someone else does not pay. For example, if you have co-signed on a note or a loan, or have personally guaranteed a business loan, you may have to pay if the borrower defaults. List below the information requested for all contingent liabilities for which you and/or your spouse are obligated. Indicate by means of an asterisk (*) in the first column those contingent liabilities for which only your spouse is obligated.

NAME AND ADDRESS OF CREDITOR	PERSONS LIABLE BESIDES YOU	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
								TOTAL	

STATE OF _____)
) **ss.**
COUNTY OF _____)

I, _____, being duly sworn, depose and say that the above statements and supporting schedules are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a privilege license by a municipality or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a privilege license. Further, that I am voluntarily submitting this application under oath with full knowledge that the Henderson Municipal Code 4.04.150 (A) provides that "Any license or permit application made pursuant to the provisions of this title may be denied for good cause by the division or by the council. Good cause for denial of a license or permit shall include, but not be limited to; False or fraudulent statements in the application for the license:" I am voluntarily submitting this application to the appropriate municipal authorities charged by law with granting privilege licenses.

I agree to advise the Business License Department of any changes in financing, additional loans or investors or capital investment that may occur during the tenure of this license(s).

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO, BEFORE ME

THIS _____ DAY OF _____, 2001

Notary Public in and for said county and state