



CITY OF BOULDER CITY
BUSINESS LICENSE CHANGE
401 California Ave. Boulder City NV 89005
Phone 702-293-9219 Fax 702-293-9411
www.bcnv.org
licensing@bcnv.org

Date: _____

Business Name: _____

License No. _____ Business Phone: _____

CHECK ALL THAT APPLY

Change of Business Name - \$20.00

(Provide a copy of the paperwork filed with the Nevada Secretary of State and/or a copy of your Fictitious Firm Name or cancelation of.)

Previous Business Name: _____

New Business Name: _____

Change of mailing address – no charge

Previous mailing address: _____

New mailing address: _____

Location change - NON-RESIDENT BUSINESS - \$20.00

Previous location address: _____

New location address: _____

Location change - RESIDENT BUSINESS - \$20.00

*Commercial addresses- provide a copy of your lease and schedule inspections with the Fire Department at 702-293-9228 and the Building Department at 702-293-9282. (fees may apply)
Residential addresses - you will need to submit a Home Occupation Permit in addition to completing this form.*

Previous location address: _____

New location address: _____

Provide the following information:

Frontage of premises in feet: _____

Number of full time employees: _____

Hours operated per week: _____

Number of part time employees: _____

Change of owner/officer/member – no charge

(Provide a copy of the paperwork filed with the Nevada Secretary of State; more than 50% change constitutes a change of ownership and requires a new application)

Previous owner/officer/member: _____

New owner/officer/member: _____

Changes to business activities – no charge

Describe in detail what activity or business practice you are adding to your license: _____

Cancel license – no charge

Check which applies: closed business sold business other _____

Printed name of applicant (must be owner/officer/member)

Signature of Applicant (must be owner/officer/member)

Date

OFFICE USE

Total points

Classification A-1000 pts B-1500 pts C-2000 pts

Special Characteristics

Frontage

Hours of operation

Full Time employee's

Part Time employee's

Total points _____

x.03 = annual fee \$80.00 min _____

Total fees due _____