BUSINESS LICENSE

NO LONGER IN BUSINESS APPLICATION

Business License Name _____ License # _____

Business Closed - Date Business Terminated_____

Business Active But No Longer Doing Business in Mesquite ____ Yes ____No

Contact Name _____Phone Number _____
First Last

Mailing Address _____
City State Zip

Business Sold ___ Yes ___ No Date Sold _____

New Owner Name/Phone_____
First Last Phone Number

Address of New Owner _____
City State Zip

I certify under penalty of perjury that the information submitted on and with this application is true and correct to the best of my knowledge.

Licensee Signature _____Date_____

Mailing Address:
City of Mesquite
Attention: Business Licensing
10 East Mesquite Blvd
Mesquite, NV 89027

Fax Number:
702-346-5382

E-mail:
jrusso@mesquitenv.gov

Office Use Only

License #_____Terminated License Date_____

10 E. Mesquite Blvd., Mesquite, NV 89027
702-346-2835 ext 3305, www.mesquitenv.gov

Si necesita asistencia en Espanol, por favor pregunte y alguin le ayudara.

Revised 5/9/17