



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:

jleavitt@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 alguien le ayudara.