



**CITY OF BOULDER CITY
NON-RESIDENT BUSINESS LICENSE
LOCATION CHANGE APPLICATION**

401 California Ave. Boulder City NV 89005
Mailing address: PO Box 61350 Boulder City NV 89006
Phone 702-293-9219 Fax 702-293-9411

Date: _____

License No. _____

The undersigned hereby applies for a revised Business License for:

Business Name: _____ Phone: _____

New Address: _____

Mailing Address: _____

Old Business Address: _____

Any change in business activities: _____

Applicant's Name: _____

Address: _____ Phone: _____

- ⇒ **Include a copy of your current City or County Business License with the new address.**
- ⇒ **Include a current copy of any State of Nevada license required. (i.e. Contractor, Bail Bond Agent)**

Location Change Fee \$20.00..... _____

Signature of Applicant

Date Approved

Clerk Initials