

CITY OF RENO BUSINESS LICENSE AMENDMENT

1 East First Street, 2nd Floor Reno, NV 89501 P.O. Box 1900 Reno, NV 89505

phone: 775.334.2090 | **fax:** 775.334.1212

website: www.reno.gov | online portal: www.onenv.us | email: businesslic@reno.gov

Business Name:		City of Re License #				
Phone Number:		Email Add	lress:			
1. Mailing Address Change	e					
OLD Mailing Address: N			IEW Mailing Address:			
Street Address:		Street Address	ddress:			
City, State Zip Code:		City, State Zip Code:				
2. Change of Business Lo	cation					
OLD Business Address:		NEW Business Address:				
Street Address: Street			ddress:			
City, State Zip Code: City, State Zip Code:						
3. Change of Officer or Lic	ensee – Additional Names May	Be Attache	d			
Individuals to be Removed:		Individuals	Individuals to be Added:			
4. Change Of Business Na	ıme – Please Attach Proof Of N	ew Name Fil	ing			
5. Business Closed						
Date Business Terminated:						
6. Business Description C	hange - Inspections May be Re	quired Prior	to Appro	val		
Describe the proposed cha	inge to the nature of your busir	ness:				
Licensee Signature						
a business license; (2) this do	that: (1) it is unlawful for any persor cument is an application only and ty of perjury that the information sub	certain conditi	ons must b	e met before a	business license will be	
Licensee Signature:			Dat	e:		
FOR INTERNAL USE ONLY	1	d NIC		ss License	License Number	
Fees Paid:	Business Activity:		Recom	mendation		
Date Paid:	Effective Date:					
Parcel #:	Expiration Date:					