



1 East 1st St. 2nd Floor
 PO Box 1900
 Reno, NV 89505
 775-334-2090
 Fax 775-334-1212
www.reno.gov
businesslic@reno.gov



431 Prater Way
 PO Box 857
 Sparks, NV 89432
 775-353-2360
 Fax 775-353-7802
www.cityofsparks.us
business@cityofsparks.us



1001 E. 9th St. Bldg A
 Attn: Business License
 Reno, NV 89512
 775-328-3733
 Fax 775-328-6133
www.washoecounty.us
businesslicense@washoecounty.us

Business License Change Form

Business Name:		Email Address:	
Requestor Name: (Must be Licensee)		Requestor Title:	
Date Requested:		Effective Date:	

Type of Change Requested - Please Select All That Apply	
<input type="checkbox"/> 1. Change of Mailing Address	<input type="checkbox"/> 4. Change of Business Name
<input type="checkbox"/> 2. Change of Business Location	<input type="checkbox"/> 5. Business Closed or Sold
<input type="checkbox"/> 3. Change of Officer or Licensee	<input type="checkbox"/> 6. Change of Entity

**Please Note: You must sign this form on the reverse side in order for your changes to be accepted.
 Please return this form either by mail, fax, e-mail or in person to the home jurisdiction listed above.**

1. Mailing Address Change	
New Mailing Address:	Phone Number:

2. Change of Business Location	
New Business Address:	Phone Number:

3. Change of Officer or Licensee – Additional Names May Be Attached	
Officer(s)/Licensee To Be Removed:	Phone Number:
Officer(s)/Licensee To Be Added:	

4. Change Of Business Name – Please Attach Proof Of New Name Filing	
New Business Name:	Phone Number:

5. Business Closed Or Sold	
Business Closed – Date Business Terminated:	Phone Number:
Business Sold – Date Business Sold:	
Name and Address of New Owner:	Phone Number of New Owner:

6. Change of Entity	
New Entity Name:	Phone Number:
New Entity Federal Tax Id # (EIN):	
New Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Association	

Please Make Change Effective For the Following Jurisdictions	
<input type="checkbox"/> City of Reno License Number _____	<input type="checkbox"/> City of Sparks License Number _____
<input type="checkbox"/> Washoe County License Number _____	
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:
Important Notice:	
This form may be used to make changes to your business license at any of the above listed jurisdictions. If you would like to make changes with multiple jurisdictions, please submit the form to your home jurisdiction only. (The jurisdiction where your business is physically located.) Please mark the boxes above of the jurisdictions you wish to notify and provide your business license number for each jurisdiction.	
Please Note: Each jurisdiction may require additional forms or charge a fee for making a change to your business license. For a quote of fees, please contact each jurisdiction directly. Your updated business license will not be issued until all fees and forms are submitted and approved.	

FOR INTERNAL USE			
Business License:	\$	Effective Date:	Other - Recommendation
Planning Review Fee:	\$	Expiration Date:	
Application Processing Fee:	\$	Sewer Account:	
Fire Inspection Fee:	\$	Parcel #:	
EC Permit Fee:	\$	Account Number:	
Penalty/Other Fee:	\$		
For: City of Reno ____ City of Sparks ____ Washoe County ____ Date change entered: _____ By: _____ Revised 11/15/2018			