



**Business License Division**

**Complaint**       **Inquiry**

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**Complainant Information (Person filing complaint):**

Name:		Phone Number:
Address:		Email:
City:	State:	Zip Code:

I am supplying the following information to the City of North Las Vegas, Business License Division, to determine whether or not a violation of the City Business License Code has occurred and if further action is necessary. I understand that the City of North Las Vegas, Business License Division has limited ability to regulate how a person operates their business and/or the quality of their product or service. I also understand that the City of North Las Vegas, Business License Division cannot act in any legal capacity in resolving a complaint nor can it promise refunds or other remedies in connection with this complaint. I acknowledge that the information supplied in this form is true and accurate to the best of my knowledge. Further, the information is being submitted voluntarily and is given for the sole purpose of assisting the City of North Las Vegas, Business License Division in the enforcement of its Business License Code.

Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return completed form to:*

**City of North Las Vegas  
Business License Division  
2250 N. Las Vegas Boulevard Suite 110  
North Las Vegas, NV 89030**

**[businesslicense@cityofnorthlasvegas.com](mailto:businesslicense@cityofnorthlasvegas.com)**

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Office Use Only:

Walk In        
Fax              
Mail In         
Email        

Complaint Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Officer Assigned: \_\_\_\_\_

2250 N. Las Vegas Boulevard Suite 110  
North Las Vegas, Nevada, 89030  
[businesslicense@cityofnorthlasvegas.com](mailto:businesslicense@cityofnorthlasvegas.com)  
702-633-1520 (Select Option 3)  
702-399-8099 (Fax)

**Offender Information:**

Business Name:		NLV License Number:
Address:		Phone Number:
City:	State:	Zip Code:
Cell Phone:	Email:	Fax:
Business Owner Name(s)/Contact Name(s):		

**Descriptive Information Regarding Offender:**

Name: \_\_\_\_\_

Male  Female

Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Facial Hair: \_\_\_\_\_

Noticeable scars, tattoos or unusual features: \_\_\_\_\_  
 \_\_\_\_\_

**Vehicle Information Related to Offender:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

State: \_\_\_\_\_

Additional Descriptors (i.e. ladder racks, tool lockers): \_\_\_\_\_  
 \_\_\_\_\_

Please list other agencies contacted, such as the County, State or Federal Government.

Agency	Person Contacted	Date Contacted	Phone Number	Fax Number



Office Use Only:

**Ward Number:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Case Status**

Complaint       Inquiry

Officer Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Complainant notified by Officer of receipt of complaint/inquiry on \_\_\_\_\_ .  N/A  
Date

**Case Closure Status:**

Complaint Unfounded       Compliance Attained

Complainant Uncooperative       Corrective Action Taken

Other Jurisdiction/Agency  
Referred to: \_\_\_\_\_

Brief Summary of Action Taken OR  See Attached Narrative:


Complainant notified of outcome:  N/A       Unable to do so based on lack of contact information.

Notified on \_\_\_\_\_

Method of contact:  In-Person     Email     Mail     Phone  
Date

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Business License Manager