City of Las Vegas
Department of Planning
Business Licensing Division
333 N. Rancho Dr., 6th Floor
Las Vegas, NV 89106

Fax (702) 382-6642
TDD (702) 386-9108
www.lasvegasnevada.gov
E-mail us at license@lasvegasnevada.gov

Submit by Email

Print Form

Insurance Firm Register of Professionals

Name of Business: _____ Address: _____

Business License: _____ Phone Number: _____ E-mail Address: _____

Instructions to Insurance Firm: Please list all additional insurance professionals employed by your firm, sign at the bottom and forward by email to license@lasvegasnevada.gov.

Neme (First, Middle, Last)	Home Address:	Phone Number	E-mail Address	Date of Birth

By signing below, I affirm the above listed are W-2 employees and understand it is the responsibility of this firm to update the City of Las Vegas with any changes to this list.

Business Owner Name: _____ Business Owner Signature: _____ Date: _____