



# Department of Business License

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<http://www.clarkcountynv.gov/businesslicense>

## APPLICATION FOR FRANCHISE SERVICES – PUBLIC UTILITIES

- Please fill out form completely; use **black** ink only; *incomplete, illegible, or altered application forms will be returned.*

### BUSINESS INFORMATION

|  |  |  |   |
|--|--|--|---|
| <b>Date of Application:</b>                                    |  | <b>Business/ Entity Name:</b>                            |   |
| <b>Fictitious Firm Name(FFN)/ Doing Business As (DBA):</b>     |  |  | <b>Classification/ Category (NAICS Code):</b> |
| <b>Have you registered with the Nevada Secretary of State?</b> |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>NV Business ID (required):</b>             |

### OWNERSHIP INFORMATION *(Must total 100%; list all business owners, and/or officers.)*

|  |  |  |  |
|--|--|--|--|
| <b>Type of Business Ownership (select one)</b> | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Liability Co. |
|  | <input type="checkbox"/> Partnership         | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other:                |

### BUSINESS LOCATION AND CONTACT INFORMATION

| Business Location/ Mailing Address   |                     |                 |                 |
|--|---------------------|-----------------|-----------------|
| <b>Business/ Location Address:</b>   | <b>City/ State:</b> | <b>Zip Code</b> | <b>Country:</b> |
| <input type="checkbox"/> Check here if Mailing Address is the same as the Business Address. If different, please provide current mailing address on next line. |                     |                 |                 |
| <b>Mailing Address:</b>  | <b>City/ State:</b> | <b>Zip Code</b> | <b>Country:</b> |

| Business Contact Information |                        |                      |
|------------------------------|------------------------|----------------------|
| <b>Business Email:</b>       | <b>Business Phone:</b> | <b>Business Fax:</b> |

| Authorized Contact Information                      |                                  |                                |
|---|----------------------------------|--------------------------------|
| <b>Authorized Contact Name (First, M.I., Last):</b> | <b>Authorized Contact Title:</b> |                                |
| <b>Email Address:</b>                               | <b>Primary Phone Number:</b>     | <b>Alternate Phone Number:</b> |

### FRANCHISE INFORMATION

|   |  |  |                            |
|---|--|--|----------------------------|
| <b>Length of Term Desired (not to exceed 10 years):</b> | <b>Public Utilities Commission of Nevada (PUCN) Certificate:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Certificate Number:</b> |
|---|--|--|----------------------------|

|   |   |
|---|---|
| <b>Has the applicant ever been denied a franchise or had a franchise suspended or revoked for any reason?</b>                         | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| <i>*If you answered "Yes" to the question above, please attach a detail description of the suspension, revocation, and/or denial.</i> |   |


|  |  |
|--|--|
| <b>List all third parties that the applicant is aware of at the time of application that will be using the applicant's facilities in the County's rights-of-way:</b> | <input type="checkbox"/> List is provided below <input type="checkbox"/> List is attached<br><input type="checkbox"/> None <b>AT&amp;T Corporation</b> |
|--|--|

**Please attach the following to the application:**

|   |  |
|---|--|
| <input type="checkbox"/> Order and Certificate issued by the PUCN | <input type="checkbox"/> Map of the Service Area desired/ Requested                                |
| <input type="checkbox"/> Disclosure of Ownership Form             | <input type="checkbox"/> Map of proposed initial route <i>(Initial Franchise Application Only)</i> |

### SIGNATURES *(requires signatures of owner, officer, authorized or legal signer)*

I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing false, misleading, or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension, or non-renewal.

|  |                                      |                      |
|--|--------------------------------------|----------------------|
| <br>_____<br><b>Signature</b> | _____<br><b>Print Name and Title</b> | _____<br><b>Date</b> |
|--|--------------------------------------|----------------------|