



CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

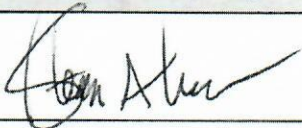
(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

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

Each application for business license shall be accompanied by a **\$45.00 non-refundable application processing fee.**

ADDITIONAL FEES APPLY BASED ON LICENSE CATEGORY.

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports. Use BLACK INK only! Any incomplete, illegible or altered applications will not be accepted for processing.							
A	BUSINESS INFORMATION		Fictitious Firm Name		Classification or Category		
	Business Name: CAMCO, INC		Doing Business As: MACK PAWN		NAICS Code: 522298		
B	BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).						
	Type of Business Ownership (Please select one)		☐ Sole Proprietorship ☒ Corporation ☐ Limited Liability Co. ☐ Partnership ☐ Limited Partnership				
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)		Name: Last, First, MI, or Corporation/LLC		Title		
			MACK, STEVEN A.		PRESIDENT		
			Address Line 1 PO BOX 370997		Address Line 2		
	City LAS VEGAS		State NV	Zip 89137	% Owned 100		
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s) (Attach additional pages as needed)		Name: Last, First, MI, or Corporation/LLC		Title		
			Address Line 1		Address Line 2		
City			State	Zip	% Owned		
BUSINESS BASICS and CONTACT INFORMATION							
C	Business Location		Location Address Line 1 1995 NORTH NELLIS BOULEVARD		Location Address Line 2 UNIT 1		
			City LAS VEGAS	State NV	Zip Code 89115	Country USA	
			Email Address SHERRI@ZTRADINGPOST.COM		Business Phone No. 702 701 9115	Business Fax No. 702 825 5690	
	Mailing Address (If same as location, please indicate "location")		Mailing Address Line 1 PO BOX 370997		Mailing Address Line 2		
			City LAS VEGAS	State NV	Zip Code 89137	Country USA	
			Authorized Contact Info		Authorized Contact Last Name HUGHES	Authorized Contact First Name SHERRI	Auth. Contact MI A
	Email address SHERRI@ZTRADINGPOST.COM		Primary Phone 702 523 9710		Cell Phone 702 523 9710		
	Business Location Information		☐ Owned (If owned proceed to "Describe all business activity" at the top of the next page) ☒ Leased (If leased please provide the following information for our records)				
			Lessor Name (Last, First, MI or Company Name) 1995 NELLIS, LLC			Lessor Phone 760 272 5606	
			Lessor Address Line 1 20343 N HAYDEN ROAD		Lessor Address Line 2 SUITE 105-333		
City SCOTTSDALE			State AZ	Zip Code 85255	Country USA		

Describe all Business Activity: OPERATING A PAWN SHOP (INCLUDING FIREARMS); SELL NEW, RECONDITIONED, OR USED MERCHANDISE; AND A BUSINESS THAT MAKES LOANS (INCLUDING INSTALLMENT AND TITLE)			
Date your business started at this location: UPON APPROVAL OF SPECIAL USE PERMIT, METRO BACKGROUND AND ISSUANCE OF PAWN LICENSE			
C	Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)		☒ Yes ☐ No
	Have you purchased a business currently operating in Clark County?		☐ Yes ☒ No
	Are you requesting a Temporary License?		☐ Yes ☒ No
IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION			
Date Business Purchased:		Clark County Business License No.:	Owners Name:
		Number of Employees:	Square Footage of Premises:
Does this business require a Professional or Occupational License issued by a State Board?			☐ Yes ☒ No
(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division) If your answer is "Yes" please provide Name of Board:			
BUSINESS QUESTIONS			
D	Have you registered with the Nevada Secretary of State?	☒ Yes ☐ No	NV Business ID (required) NV19681001431
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.			
Signature:		Print Name:	Date:
		STEVEN A MACK	3/26/22

COUNTY COMMISSIONERS APPROVAL PAGE

This application for a pawnshop license for Mack Pawn is hereby approved this day, March 7, 2023, by the Board of County Commissioners.

BOARD OF COUNTY COMMISSIONERS

BY: _____
JAMES B. GIBSON, Chair

ATTEST:

LYNN MARIE GOYA, County Clerk