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

Business Name:	Fictitious Firm Name / Doing Business As:	Classification or Category
CAMCO, INC	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	**Address Line 2**		
PO BOX 370997			
City	**State**	**Zip**	**% Owned**
LAS VEGAS	NV	89137	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**

C — BUSINESS BASICS and CONTACT INFORMATION

Business Location

Location Address Line1		Location Address Line 2	
1995 NORTH NELLIS BOULEVARD		UNIT 1	
City	**State**	**Zip Code**	**Country**
LAS VEGAS	NV	89115	USA
Email Address	**Business Phone No.**		**Business Fax No.**
SHERRI@ZTRADINGPOST.COM	702 701 9115		702 825 5690

Mailing Address *(If same as location, please indicate "location")*

Mailing Address Line 1		Mailing Address Line 2	
PO BOX 370997			
City	**State**	**Zip Code**	**Country**
LAS VEGAS	NV	89137	USA

Authorized Contact Info

Authorized Contact Last Name	Authorized Contact First Name	Auth. Contact MI
HUGHES	SHERRI	A
Email address	**Primary Phone**	**Cell Phone**
SHERRI@ZTRADINGPOST.COM	702 523 9710	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)		Lessor Phone	
1995 NELLIS, LLC		760 272 5606	
Lessor Address Line 1		**Lessor Address Line 2**	
20343 N HAYDEN ROAD		SUITE 105-333	
City	**State**	**Zip Code**	**Country**
SCOTTSDALE	AZ	85255	USA

Describe all Business Activity:

OPERATING A PAWNSHOP ~~(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

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

C

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:

D

BUSINESS QUESTIONS

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	STEVEN A MACK	3/26/2022

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