



# 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

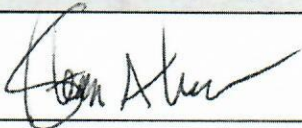
<http://www.clarkcountynv.gov/businesslicense>

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

**ADDITIONAL FEES APPLY BASED ON LICENSE CATEGORY.**

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



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