



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

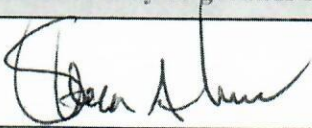
<http://www.clarkcountynv.gov/businesslicense>

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: PRIMA COMMERCE, LLC | | 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) | | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Co. <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. | | MANAGER | |
| | | | 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 | |
| C | BUSINESS BASICS and CONTACT INFORMATION | | | | | |
| | Business Location | Location Address Line 1 8795 W. Warm Springs Rd | | Location Address Line 2 Suites 101/102 | | |
| | | City LAS VEGAS | State NV | Zip Code 89148 | 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 | <input type="checkbox"/> Owned (If owned proceed to "Describe all business activity" at the top of the next page) <input type="checkbox"/> Leased (If leased please provide the following information for our records) | | | | |
| | | Lessor Name (Last, First, MI or Company Name) Warm Springs + Lee LLC | | | Lessor Phone 702-451-0100 | |
| Lessor Address Line 1 4427 E. Sunset Road | | | Lessor Address Line 2 | | | |
| City Henderson | | State NV | Zip Code 89014 | Country 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 | | | |
| C | Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information) | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Have you purchased a business currently operating in Clark County? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Are you requesting a Temporary License? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <i>(For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division)</i> If your answer is "Yes" please provide Name of Board: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BUSINESS QUESTIONS | | | |
| D | Have you registered with the Nevada Secretary of State? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | NV Business ID (required) NV20071685318 | | |
| 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: STEVEN A MACK | Date: 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