



Southern Nevada Health District, PO Box 3902, 280 S. Decatur Blvd., Las Vegas, NV 89107,  
 (702) 759-1110; Fax (702) 759-1425 or (702) 759-1423  
 Laughlin Public Health Center, EH Office, 55 Civic Way, Laughlin, NV 89029, (702) 759-1643; Fax (702) 759-1477  
 Mesquite Public Health Center, 830 Hafen Lane, Mesquite, NV 89027, (702) 759-1682; Fax (702) 759-1473

## NOTICE OF BUSINESS CLOSURE

**Type or print clearly: Incomplete forms will not be processed  
 Drop off or fax completed forms to the nearest office**

I \_\_\_\_\_, the  owner  officer  authorized party\*  
Name

of \_\_\_\_\_ for \_\_\_\_\_  
Business/Corporation Name Facility Name

located at \_\_\_\_\_  
Address City Zip Code

request the deletion of the following permit(s): *(Please attach form if additional space is needed)*

Permit # <small>(PRxxxxxxx)</small>	Description <small>(restaurant, bar, main kitchen, prep kitchen, deli)</small>	Permit # <small>(PRxxxxxxx)</small>	Description <small>(restaurant, bar, main kitchen, prep kitchen, deli)</small>
PR		PR	
PR		PR	
PR		PR	

The business has:

Closed as of: \_\_\_\_\_  
Date

Relocated to: \_\_\_\_\_  
New Address City Zip

Sold to: \_\_\_\_\_  
New Owner Name Phone #

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone Email

\_\_\_\_\_  
 Date

\*Please note: An individual acting on behalf of the company as an authorized party must provide a letter of authorization on company letterhead or a notarized letter signed by an owner/officer at the time of submission of this notice.