



DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION

2501 E. Sahara Avenue, Suite 204

Las Vegas, Nevada 89104

(702) 486-4135 • Fax: (702) 486-4309

nmhd@mhd.state.nv.us

APPLICATION TO CHANGE BUSINESS ADDRESS

GENERAL INSTRUCTIONS

1. Type or print in ink when completing this form.
2. Make sure this application is properly signed and notarized.
3. Complete all portions of the application and include any required supplemental information. The Division desires to provide courteous and timely service to all applicants. To maximize the efficiency and level of service, the Division will process completed applications only.
4. You must complete the attached Nevada Business Registration Form.
5. Please include the required fee of \$50.00 for each license to be reprinted.
(You are required to turn in all original licenses and ID cards at the time of application)

PART I – CURRENT BUSINESS NAME AND ADDRESS

BUSINESS NAME AND ADDRESS:

(Use name and address as it currently appears on the records of the MHD)

MHD License Number: _____

Business Phone # _____

Fax phone # _____

PART II – BUSINESS ADDRESS CHANGE REQUEST

(Use business address desired)

PART III – SUPPORTING DOCUMENTATION

Proof of address change with the local business licensing agency (receipt of payment)

I certify under penalty of perjury to the truth and accuracy of the statements contained herein and all information submitted in connection with this application.

By: _____
(Signature)

Title: _____

(Print Name)

By: _____
(Signature)

Title: _____

(Print Name)

ALL SIGNATURES MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day of _____,

20____, _____ Notary Public in and for County

of _____ State of _____.

(STAMP)