



**ELKO CITY
BUSINESS LICENSE DEPARTMENT
1751 COLLEGE AVE.
ELKO, NV 89801 – www.elkocitynv.gov**

PHONE: (775)777-7138 FAX: (775)777-7129 EMAIL: buslic@elkocitynv.gov

AFFIDAVIT OF OWNER DELETION

The City of Elko Business License Department requires that businesses requesting the deletion of an owner from an existing Elko City Business License complete this affidavit confirming the deletion. Both the remaining owner(s) and deleted owner(s) must sign below in front of a notary. A copy of your Nevada State Business License and Nevada State Sales or Use Tax showing the requested changes have been made with those offices, is also required. This may not apply to corporations changing officers/owners when the majority of the ownership is the same, please contact the Business License Department for those and other changes.

1. NAME OF BUSINESS: _____
2. BUSINESS LICENSE #: _____
3. NAME OF PERSON(S) REQUESTING THE CHANGE: _____

4. REASON FOR THE CHANGE: _____
5. EFFECTIVE DATE OF THE REQUESTED CHANGE: _____
6. OWNERS LISTED ON CURRENT ON LICENSE: _____

7. OWNERS TO BE DELETED FROM LICENSE: _____

By signing below, we the undersigned agree under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

State of Nevada)
County of Elko)

Signed and sworn to before me on _____ by _____

Notary Public

State of Nevada)
County of Elko)

Signed and sworn to before me on _____ by _____

Notary Public