



Department of Building and Safety

575 Silver Lace Boulevard
Fernley, NV, 89408
WWW.CITYOFFERNLEY.ORG

Business License Inspection Request

**Please complete this form and return to the Building
Department**

New or Renewal

Date: _____

Applicant's Last Name: _____ First Name: _____

Business Name: _____

Type of Business: _____

Business Address: _____ City/State/Zip: _____

Business Phone Number: _____ Other Phone: _____

Email Address: _____

Type of Inspection: _____

Date Inspection Requested: _____ Time Inspection Requested: _____

Business License Inspection # _____