1001 E. 9th St. Bldg A
PO Box 11130
Reno, NV 89520
(775) 328-3733
www.washoecounty.us

431 Prater Way
PO Box 857
Sparks, NV 89432
775-353-2360
www.cityofsparks.us

1 East 1st St. 2nd Floor
PO Box 1900
Reno, NV 89505
775-334-2090
www.cityofreno.com

Note to license applicant: *Licensure by one jurisdiction does not guarantee a license with another jurisdiction. Please submit a separate and complete application to each jurisdiction within which you seek to conduct business.*

BUSINESS LICENSE APPLICATION

Number of Personnel

Full Time _____

Part Time_____

Please Type Or Print In Black Or Blue Ink Only

01) Corporate Name/Business Name:

02) Doing Business In Nevada As (DBA):

03) Start Date:

04) Business Location (No PO Boxes): Suite #:

05) Federal Tax Id No. (EIN):

06) City: **07)** State: **08)** Zip Code: **09)** Bus. Phone:

10) Mailing Address:

11) Bus. Fax:

12) City: **13)** State: **14)** Zip Code: **15)** E-mail:

16) Business Entity Type: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Association

17) Contractor's License #:

18) Describe The Nature Of Business To Be Conducted (Be Specific And Complete):

_____

_____

_____

_____

19) Location Of Rentals:

20) Number of Rental Units:

21) First Years Estimated Gross Receipts **(Reno Only)**:

Please List Individual Licensee

22) Licensee: **23)** Title: **24)** Phone:

25) Home Address:

26) Alternate Phone:

27) City: **28)** State: **29)** Zip Code: **30)** Date of Birth:

List Individuals With Interest Or Ownership In The Business

31) Full Name Title Address DOB

_____

_____

_____

Emergency Contact/Local Contact Information

32) Name: **33)** Phone:

34) If this applying individual, or any member of this applying firm, has been convicted in this state, or elsewhere, within the past ten years of any offense, not including minor traffic offenses, please state the offense or offenses and the punishments assessed therefore.

I , THE UNDERSIGNED, UNDERSTAND THAT: (1)IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; (2)THIS DOCUMENT IS AN APPLICATION ONLY AND CERTAIN CONDITIONS MUST BE MET BEFORE A BUSINESS LICENSE WILL BE ISSUED TO ME; (3) I CERTIFY THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

35) Signature of Licensee: **36)** Title: **37)** Date:

Health Recommendation	Other Recommendation	Planning Recommendation

Official Use Only

Commercial ☐ Home Based ☐
Not In City ☐ Admin Office ☐
Shared Space/ Booth Rental ☐ Non-Profit ☐

Total Amt. Paid_____

Date Paid_____

Receipt #_____

Sewer Acct #_____

Parcel #_____

License No._____

Activity Type_____

Effective Date_____

Expiration Date_____

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	**Type of Business**	**Business Telephone Number**	
Business Address	**City**	**State**	**Zip Code**
Federal Identification No.	**Social Security No.**	**Contractor's Board License No.**	
Name of Principal Owner (Please Print)		**Principal Owner's Telephone No.**	
Principal Owner's Address	**City**	**State**	**Zip Code**

Identified as: (Complete one section only)

( ) That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage **Account Number**

( ) That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

( ) That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date **Certificate Number**

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): ( ) Individual ( ) Sole Proprietor ( ) Partnership ( ) Corporation

Name of Applicant (Please Print)		**Applicant's Telephone No.**	
Applicant's Residence Address	**City**	**State**	**Zip Code**

I do hereby affirm that the above information is true and correct.

DATED this_____day of_____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee) **Applicant's Title**

Witness Signature - **(Business License Office Employee)** **Name of City or County**

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20___.

NOTARY PUBLIC

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony.**

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

AType of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.