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_____

BUSINESS LICENSE REVIEW FORM

CITY OF RENO
REVENUE DIVISION
PO Box 1900 • Reno • Nevada • 89505
1 East 1st Street • Reno • Nevada • 89501
Phone: 775.334.2090 Fax: 775.334.6336

BUSINESS ACTIVITY MAY NOT START PRIOR TO APPROVALS

The following information will be used to review your application. **Incomplete applications cannot be accepted.** Be advised that your proposed use must be permitted in the zoning district in which it is located. Applications cannot be approved if there are current violations at the site proposed location. Business Activity must not begin prior to the approval of the operation.

TO BE COMPLETED BY APPLICANT

BUSINESS NAME:_____ PHONE:_____

BUSINESS ADDRESS (With Suite #)_____ STE #_____

Parcel # _____ *Available from the Assessor's @ 328-2277

LANDLORD/BUILDING OWNER:_____ PHONE:_____

PROPOSED TYPE OF BUSINESS: _____

PREVIOUS TYPE OF BUSINESS: _____

Please read the following and mark the box that applies to you:

1. Is the location of your business in a commercial or residential structure?	☐Commercial	☐Residential
2. Is the location of your business newly constructed or has it had a building permit in the last 12 months?	☐ Yes	☐ No
3. Are you changing the use of the building? (Examples: house to office, office to restaurant or deli, single family home to group home, etc.)	☐ Yes	☐ No
4. Are you making any changes to the building structure? (Examples: add or remove walls, doors, or windows, change stairs or stairway, etc)	☐ Yes	☐ No
5. Are you adding or changing heating, ventilation, air conditioning, or refrigeration?	☐ Yes	☐ No
6. Are you adding or changing plumbing (Examples: sinks, toilets, showers, bathtubs, etc.)?	☐ Yes	☐ No
7. Are you adding or changing electrical (Examples: new lights, switches, outlets, etc.)?	☐ Yes	☐ No
8. Are you adding or changing a paint booth, or racking?	☐ Yes	☐ No

If you answered YES to any of the above, you must obtain a Building Permit and/or an inspection from the Community Development Department at 450 Sinclair Street, 334-2063, or the Building Department may be contacted through www.cityofreno.com. Failure to obtain the proper permit and/or inspections may result in denial of this Business License application.

Please be aware that if, in the future, you make any changes to your building as listed above, you must obtain a Building Permit or an inspection from the Community Development Department.

Falsifying this statement is grounds for revocation of the Business License.

_____ _____
Customer's Signature Today's Date

Account # _____

FOR OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

REVENUE DIVISION

Previous business license at this address: ☐ NO ☐ YES:_____ Date OOB:_____
Name of Licensee/Business/Type of Business:_____
Residential Rental Units: List previous owner:_____# of Units:_____

Reviewed By:_____**Date:**_____

PLANNING

Zone:_____ ☐ Approved ☐ Denied ☐ Site Inspection: No Yes/Date_____
Comments/Restictions:_____

_____

Reviewed By:_____**Date:**_____

BUILDING & SAFETY DIVISION

Based upon the information provided, a Certificate of Occupancy/Inspection:
☐ Is not necessary ☐ Is necessary and has been conducted ☐ Denied pending inspection

Reviewed By:_____**Date:**_____

CODE ENFORCEMENT-Inspection due to the SafeScape requirement

☐ SafeScape Approved ☐ Denied
Comments:_____

Reviewed By:_____**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.

For internal use only	
☐ New License/Liquor	☐ New License/Cabaret
☐ New License/Gaming	☐ New License Privileged
☐ Change of Ownership Liquor	☐ Safe Scape Insp req'd
☐ Change of Ownership Gaming	
☐ Supplemental Cabaret/Liq _____(Adding on)	
☐ Supplemental Privileged	
☐ Privileged _____	

CITY OF RENO
PRIVILEGED BUSINESS LICENSE APPLICATION

1 East First Street • 2nd Floor • Reno • Nevada • 89501
P.O. BOX 1900 • RENO • NEVADA • 89505
775.334.2090 ph 775.334.6336 fx
PLEASE PRINT WITH BLACK/BLUE INK ONLY

1. DATE OF APPLICATION: _____**20**_____ **2.** BUSINESS START DATE: _____**20**_____

3. BUSINESS NAME: _____

4. CORPORATE NAME (if applicable): _____

6. LICENSEE'S FULL NAME: _____ **7.** DATE OF BIRTH: _____
(MUST BE AN INDIVIDUAL'S NAME)

8. FEDERAL TAX ID# OR SS: _____ **9.** BUSINESS PHONE: _____

10. BUSINESS PHYSICAL ADDRESS: _____ **11.** ALTERNATE PHONE: _____

SUITE: _____ CITY: _____ ST: _____ ZIP: _____

12. BUSINESS *MAILING* ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

13. ☐ SOLE PROPRIETORSHIP ☐ PARTNER ☐ CORPORATION ☐ LLC ☐ ASSOCIATION

14. BUSINESS OPERATION DESCRIPTION:
Cabaret Entertainer ☐ 1st Year's **Estimated** Gross Receipts _____

15. ALL PERSONS WHOSE NAMES APPEAR ON THIS APPLICATION MUST BE FINGERPRINTED BY RENO POLICE DEPARTMENT

FULL NAME	TITLE	ADDRESS	SS#	DOB
1.				
2.				
3.				
4.				

16. If applying for slot/video poker machines being placed in your location by a vendor, please provide the following:		
Vendor's Business name:		
Are they **Leasing the Space**? Yes ☐	OR	Are you doing this on **Participation Basis?** Yes ☐
Include the number of slot/video poker machines being applied for here:		**Please attach a list of all other games being applied for.**

I CERTIFY UNDER PENALTY FOR PERJURY THAT THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17. SIGNATURE:_____**TITLE:**_____**DATE:**_____

	Fee Amount	Receipt #	Effective Date	Expiration Date
License Type				
License Type				
Planning Inspection fee				
Penalty Fee				
Administrative Fee			**Sewer Account:**	
Background Check			**Parcel# :**	

PLANNING	POLICE	COUNCIL	OTHER_____	ACCOUNT NUMBER
RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	

FOR LIQUOR AND/OR GAMING ONLY

19. My present home address is_____Telephone_____

The Reno Police Department may recommend denial of an application if the applicant has been convicted during the past 10 years of any of the following offenses as set forth in RMC 5.05.008(5), as amended. 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 punishment assessed therefore.

20. If granted a Liquor and / or Gaming privileged license, I will conduct the business in accordance with the provisions of the laws of the State of Nevada and the ordinances of the City of Reno applicable to the conduct of such business, and that if such license be granted, it shall be subject to revocation in accordance with the provisions of the ordinance. Furthermore, I am the applicant named in this application, I have read the foregoing application and know the contents of the same, and that it is true to my own knowledge and belief.

_____ _____

Signature of applicant Reno Business License Employee (if submitted in person)

State of _____ County of _____

This instrument was acknowledged before me on (date) _____ by

(Print name of applicant)_____

_____

(Signature of notarial officer)

21. IF A PARTNERSHIP, LIMITED LIABILITY COMPANY, OR CORPORATION, THE FOLLOWING MUST BE **SIGNED** BY ALL PARTNERS AND OFFICERS THAT OWN MORE THAN 10% OF COMPANY.

_____(name of applicant) is hereby authorized to make the foregoing application and to conduct the business sought to be licensed by this application. The applicant is hereby authorized to do all acts incident to the operation of said business and all acts so done by him in the conduct and operation of said business are hereby ratified and confirmed. The said applicant is hereby designated as a person upon whom may be served all necessary process or processes in any action that may be commenced against the undersigned by reason of the operation of the licensed business in any of the courts of the State of Nevada.

_____ _____

Signature of Applicant #1 Signature of Applicant #2

_____ _____

Signature of Applicant #3 Signature of Applicant #4

_____

Reno Business License Employee (if submitted in person)

State of _____ County of _____

This instrument was acknowledged before me on (date) _____ by

(Print name of applicants)_____

_____

(Signature of notarial officer)

If unable to sign in the presence of a Reno Business License Employee, applicants' signatures must be notarized.

Liquor Operation Activities

Business Name: _____

Applicant, please initial by every activity that will apply to the operation of your business:

Selling Packaged liquor _____

Live entertainment _____

Night club

Alcoholic beverages will be served with food during all operating hours. _____

Alcoholic beverages will be served with food during **part** of the operating hours. The rest of the operating hours, alcohol will be served at the bar without food consumption. _____

Alcohol will be served for consumption on premise _____

Account Number:_____