



1 E. 1st St – 2nd Floor
 PO Box 1900
 Reno, NV 89505
 775-334-2090
www.reno.gov



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



1001 E. 9th St. – Bldg A
 Attn: Business License
 Reno, NV 89512
 (775) 328-3733
www.onenv.us

I am applying for licensure in - City of Reno City of Sparks Washoe County

Note to license applicant: Licensure by one jurisdiction does not guarantee a license with another jurisdictions. (Copies Accepted)

BUSINESS LICENSE APPLICATION

Number of Personnel if applying in City of Sparks

Please type or print in black or blue ink only.

Full Time _____
 Part Time _____

01) Corporate Name/Business Name: _____

02) Doing Business in Nevada as (DBA): _____ 03) Reno Start Date: _____

04) Business Location (no PO Boxes): _____ Suite #: _____ 05) Federal Tax ID#(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) Professional 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 Year's Estimated Gross Receipts (Reno only): _____

List Individual Licensee

22) Licensee Name: _____ 23) Title: _____ 24) Phone: _____

25) Home Address: _____ 26) Alt Phone: _____

27) City: _____ 28) State: _____ 29) Zip Code: _____ 30) DOB: _____

List Individuals with Interest or Ownership in the Business

31) Full Name	Title	Address	DOB

Emergency Contact/Local Contact Information

32) Name: _____ 33) Phone: _____

Official Use Only

34) Has any 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?
Yes No If yes, please state the offense(s), the year of conviction(s), and the punishment assessed therefore:

- | | |
|----------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Home Based |
| <input type="checkbox"/> Not in City | <input type="checkbox"/> Admin Office |
| <input type="checkbox"/> Shared Space/Booth Rental | <input type="checkbox"/> Non-Profit |

Total Amount Paid _____

Date Paid _____

Receipt # _____

Sewer Account # _____

Parcel # _____

License # _____

Activity Type _____

Effective Date _____

Expiration Date _____

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) Licensee Signature: _____ 36) Title: _____ 37) Date: _____

Health Recommendation	Other Recommendation	Planning Recommendation

CITY OF RENO
BUSINESS LICENSE REVIEW FORM

The following information is mandatory and will be used to determine fees and inspections required to process your Business License application. Incomplete forms will not be accepted. We strongly recommend verifying your proposed business use is permitted for the zoning district in which you plan to locate by calling (775) 321-8309 prior to applying for a business license.

APPLICANT MUST COMPLETE ALL ITEMS

Your Business Name _____

Local Contact Phone _____

Previous Business at this Location _____

Type of Business you will be conducting _____

Does Business include tobacco paraphernalia retail (RMC 5.19)? YES NO

Please mark appropriate boxes in the sections below.

BUILDING/ZONING DIVISION: 1 E 1st St 2nd Floor, Reno, NV 89501 (775) 334-2063

- 1. Is this location in a commercial or residential structure? Commercial Residential
- 2. Are you the first tenant in a new building? YES NO
- 3. Are you changing the use of the building or suite? YES NO
(Examples: Garage to Office, Office to Deli, Single Family Home to Group Home, etc.)

Specify Changes _____

- 4. Are you making ANY construction changes to the space? YES NO
(Examples: Add or remove walls/doors/windows, change stairs, add sinks or electrical outlets, etc.
Excludes carpet and paint.)

Specify Changes _____

- 5. I have received and read the home-based business criteria and certify I will maintain compliance with these and all regulations to preserve the validity of my business license.

Initial if Applicable: _____

FIRE DEPARTMENT: 1 E 1st St 4th Floor, Reno, NV 89501 (775) 334-2300

- 1. Are you renting a booth/space from an existing or already established business? (Examples: Executive Suite/High Rise, Hair/Nail Salon, Massage Therapist, Tattoo Parlor, Insurance Agent)
 YES NO
- 2. Does your suite or office have an exterior door?
 YES NO
- 3. Are you using your Residence for any type of adult care facility in the home?
 YES NO

CITY OF RENO
BUSINESS LICENSE REVIEW FORM

HEALTH DEPARTMENT: 1001 E 9th St; Reno, NV 89512 (775) 328-2434

1. Are you going to be serving or selling food to the public in any fashion? (Including but not limited to: Vending, Bar, Restaurant, Catering, Mobile Food Unit, Grocery, Warehouse.)

YES NO

2. The following list of Business Types could require a Health Permit/Inspection. Please mark if applicable:

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Apartment Rental Complex w/ Pool/Spa | <input type="checkbox"/> Recycling Business or Center |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> School |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Solid Waste Hauling |
| <input type="checkbox"/> Liquid Waste Hauling | <input type="checkbox"/> Invasive Body Decoration |
| <input type="checkbox"/> Medical Waste | <input type="checkbox"/> Temporary Food events |
| <input type="checkbox"/> Medical/Doctor/Dental Office | <input type="checkbox"/> Trailer Park/RV Park |
| <input type="checkbox"/> Pool/Spa - open to the public | <input type="checkbox"/> Waste Tire Hauling |
| <input type="checkbox"/> Chemical storage/mfg or waste generation | <input type="checkbox"/> Mobile Operations, Carpet Cleaning |

ENVIRONMENTAL CONTROL: 1 E 1st St 7th Floor; Reno, NV 89501 (775) 334-2350

Per RMC 12.16, commercial/industrial type sewer users are required to be inspected to determine what impact the operation might have on the sewer and storm drain systems. In general, if your business falls into one of the following types of commercial establishments, you may need an annual Environmental Control Permit and annual inspection. If applicable please mark the boxes and initial that you received the environmental packet: Initial if Applicable: _____

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Auto repair, maintenance, paint shop or body shop | <input type="checkbox"/> Prepare, sell, serve or clean up of food for animal or human consumption |
| <input type="checkbox"/> Replacement fluid for autos or trucks | <input type="checkbox"/> Convenience store |
| <input type="checkbox"/> Car wash | <input type="checkbox"/> Bar/serving liquor |
| <input type="checkbox"/> Facility with sand-oil interceptor | <input type="checkbox"/> Painting, metal finishing or powder coating |
| <input type="checkbox"/> Facility with X-Ray using chemical fixer or developer | <input type="checkbox"/> Facility containing any kitchen equipment, grease interceptor or grease traps |
| <input type="checkbox"/> Silk screening, photo facility or studio | <input type="checkbox"/> Manufacturing facility |
| <input type="checkbox"/> Printing facility | <input type="checkbox"/> Dry cleaning or commercial laundry |
| <input type="checkbox"/> Storage of Products and/or Waste Generation that may be harmful to the Environment (ex: Waste Oil, Transmission Fluid, Solvents, Thinners, Organic Liquids, Acids, Alkaline material, X-Ray fixer, etc.) | |
| <input type="checkbox"/> Mobile Operations, Carpet Cleaning (<i>No permit required – information only</i>) | |

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 a review form 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 form is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____
Account # _____
(Office Use Only) _____

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 Number
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Applicant's Residence Address	City	State	Zip Code
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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 patrolmen; 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.

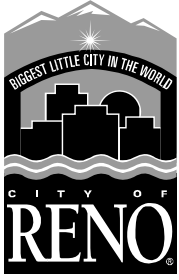
“Type of Business” means the nature of the business...

“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.



CITY OF RENO

PRIVILEGED BUSINESS LICENSE

Application

1 East First Street – 2nd Floor
 P.O. Box 1900 Reno, NV 89505
 775.334.2090 PH | 775.334.6336 FX

www.reno.gov

PLEASE PRINT WITH BLACK OR BLUE INK ONLY

For internal use only
<input type="checkbox"/> New License Liquor
<input type="checkbox"/> New License Gaming
<input type="checkbox"/> New License Cabaret
<input type="checkbox"/> New License Privileged
<input type="checkbox"/> Safe Scape Inspection Required
<input type="checkbox"/> Change of Location or Name
<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Add on: _____

1. APPLICATION DATE _____ 2. BUSINESS START DATE _____

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# _____ 9. BUSINESS PHONE _____

10. PHYSICAL BUSINESS ADDRESS _____ 11. ALTERNATE PHONE _____

SUITE _____ CITY _____ STATE _____ ZIP _____

12. BUSINESS MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

13. SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER: _____

14. PRIVILEGED BUSINESS OPERATION DESCRIPTION (example Bar, Dining Room Wine and Beer, Auctioneer):

15. ANY PERSON WITH A VESTED INTEREST OR OWNERSHIP MUST BE LISTED. ALL PERSONS WHOSE NAMES APPEAR ON THIS APPLICATION MUST BE FINGERPRINTED BY RENO POLICE DEPARTMENT.			
FULL NAME	TITLE	ADDRESS	DATE OF BIRTH
1.			
2.			
3.			

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 a PARTICIPATION BASIS? Yes

Number of slot/video poker machines being applied for: _____ Please attach a list of all other games being applied for.

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

17. SIGNATURE: _____ TITLE: _____ DATE: _____

For internal use only			
License Type	\$	Effective Date	
License Type	\$	Expiration Date	
Planning Review Fee	\$	Sewer Account	
Application Process Fee	\$	Parcel Number	
Background Check	\$	Council Ward	
Penalty	\$	Annual License	

PLANNING <small>RECOMMENDATION</small>	POLICE <small>RECOMMENDATION</small>	COUNCIL <small>RECOMMENDATION</small>	OTHER <small>RECOMMENDATION</small>	ACCOUNT NUMBER

