



## INSTRUCTIONS

Please read before completing form.

1. Verify all printed information on reverse side, and make any changes or corrections as necessary.
2. Complete reverse side of form, filing in the number of items for each activity. Calculate the license fees due for each activity, and subtotal for each category.
3. Total the license fees for each category and enter in the spaces indicated.
4. Compute any penalty due and enter in the designated space on the reverse side.
5. Calculate **Total Amount Due** (please include technology fee).
6. Complete remainder of form, sign, and date.
7. Mail completed form and payment (be sure to include your license number on your check) for **Total Amount Due** payable to:

**City of Reno - Business License Division**  
**One East First Street**  
**PO Box 1900**  
**Reno, NV 89505**

### BUSINESS STATUS:

Federal Tax Identification Number (EIN): \_\_\_\_\_

If business has been sold; date sold: \_\_\_\_\_

Name and address of new owner: \_\_\_\_\_

\_\_\_\_\_

No longer in business in Reno; please provide date business closed: \_\_\_\_\_

For other changes (legal status, owners/officers, new locations, mailing address, phone numbers, etc), please include new information on an attached sheet and mail in with this form, or contact the City License Office at **775-335-1100**. You can also visit **www.ci.reno.nv.us** to obtain the proper forms and additional information.

### CERTIFICATION

*I hereby declare that this application and its supporting data have been examined by me and are true and correct to the best of my knowledge and belief. I acknowledge that the City relies on this information in its conduct of City business and in its management of fiscal affairs. Inaccurate statements of operational or financial data may harm the City, and I may be unable to later change the data for my remedy or benefit. I acknowledge that the information I provide is subject to audit and that this business may be inspected (RMC 4.04.190). Signed personally and with authority to bind the above business.*

Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone \_\_\_\_\_

Title: \_\_\_\_\_