



CITY OF BOULDER CITY  
RESIDENT HOME BUSINESS LICENSE APPLICATION

401 California Ave. Boulder City NV 89005  
Mailing address: PO Box 61350 Boulder City NV 89006  
Phone 702-293-9219 Fax 702-293-9411

Date \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS (Explain Fully): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If revised application, indicate reason: \_\_\_\_\_

Frontage of residence in feet (building only) \_\_\_\_\_ Hours operating per week \_\_\_\_\_

ANNUAL BILLING  or SEMI-ANNUAL BILLING

*(initial application will be prorated)(if a billing selection is not indicated, default billing will be annual.)*

OFFICE USE ONLY	
Business Classification .....	_____
Frontage... _____ feet (residence only).....	_____
Owner-Employee .....	_____
Hours operated per week .....	_____
Special Characteristics .....	_____
Total Points ... _____ x.015 = semiannual fee of (\$40.00 min)	_____
PD _____ Zoning _____ x 2 = annual fee (\$80.00 min)	_____
Pro rated for _____ months	_____

PLEASE ANSWER THE FOLLOWING:

- A. Have you ever been convicted for any misdemeanor, other than a minor traffic offense, or for any felony?  Yes  No If so, attach a statement giving full details, including name of arresting agency, date of conviction, date, charge, court and location, and disposition.
- B. Have you ever been refused a business license of any type in the State of Nevada?  Yes  No In any other State?  Yes  No If so, attach a statement giving full details, including date, place, reason for refusal, etc.
- C. Have you ever had a business license suspended or revoked at any time?  Yes  No If so, attach a statement giving a full explanation of each such suspension or revocation, including the date thereof.
- D. Have you ever filed bankruptcy?  Yes  No If so, give date of discharge in bankruptcy. Are you indebted or obligated financially in any manner or fashion to the City of Boulder City, excluding current utility bills or land sale payments?  Yes  No If so, attach a statement giving full explanation of such indebtedness or obligation.

AFFIDAVIT

I, \_\_\_\_\_, do hereby solemnly swear or affirm that all statements contained in this application are true and correct to the best of my knowledge and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a City license. If this application is approved and a license issued, it will be accepted by me subject to the terms and provisions of the "BOULDER CITY, NEVADA, BUSINESS LICENSE CODE," and such other rules and regulations as may at any time hereafter be adopted or enacted by Resolution of Ordinance of the City council of Boulder City, Nevada. I further acknowledge that if a license is issued it will not be transferred to any other person at this location or used for the operation and conduct of such business at another location.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or License Clerk

\_\_\_\_\_  
Date Approved

License No \_\_\_\_\_

\_\_\_\_\_  
License Officer

\_\_\_\_\_  
License Clerk

**Community Development Staff Action (A or B):**

A) Business appears to comply with City Code 11-29-5 criteria and can be approved by staff.

\_\_\_\_\_  
Signature Title Date

B) Business does not appear to comply with City Code 11-29-5, or is prohibited as per Section 11-29-3.

\_\_\_\_\_  
Signature Title Date

**Planning Commission Action:** \_\_\_\_\_

**City Council Action:** \_\_\_\_\_

# BOULDER CITY COMMUNITY DEVELOPMENT DEPARTMENT

## APPLICATION FOR HOME OCCUPATION PERMIT MEETING THE CRITERIA OF SECTION 11-29-5 OF THE BOULDER CITY CODE

Home Occupations are permitted in the R1, R2, R3 and ME Zones. You may check zoning by contacting the Community Development Department at (702) 293-9282. INSTRUCTIONS: Please read the criteria for all home occupations in Boulder City (on reverse side of this application).

**If your proposed business does meet all of these criteria**, complete the front side of this application and provide the required information. You may then submit this completed application and information to the Business License Office, and proceed to complete their application in order to obtain your business license.

**If your proposed business does not meet all of these criteria**, you have the option of applying to the Planning Commission for a Home Occupation Permit. This involves a petition signed by 51% of the property owners within 300 feet of your address and a public hearing before the Planning Commission. There is a separate application form and instructions for this process, which you may also obtain from the Community Development Department. After approval by the Planning Commission, you may proceed to the Business License Office.

**If your proposed business qualifies you as a tradesman**, proceed directly to the Business License Office; you do not need, and are not eligible for, a Home Occupation Permit. ("Tradesmen" are those professions where the service is performed at the client's locale or a job site other than the applicant's home – for example, contractors, landscapers, home repairmen, etc.)

Information to be completed by applicant (PLEASE PRINT):

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

For the residence address:

Is this the address at which you presently live?                      Circle:      Yes              No

Are you the legal owner of this property?                              Circle:      Yes              No

Submit the following information with your completed application:

1. A detailed written description of the business for which you would like a home occupation permit and business license. (Your application may be delayed if the description does not provide enough information.)
2. A written description as to how your business does or does not comply with all of the criteria of Section 11-29-5 of the City Code. (Use your own words; do not just respond "yes" or "no.")
3. A letter of permission from the property owner, if you are not the owner of the property where you live and intend to operate this business.

EXCERPT OF BOULDER CITY CODE:  
Section 11-29-5                    CRITERIA:

Before a Home Occupation Permit is approved, the applicant shall show that the following conditions will be met (Ord. 973, 11-14-95, eff. 12-06-95):

- A. That said home occupation will not be in competition with an established commercial business in Boulder City. (Ord. 841, 2-23-88, eff. 3-23-88)
- B. That said home occupation will not involve any sale of commodities on the premises, except those which are produced on the premises. Mail order businesses which do not involve the shipping of materials and goods to or from the home shall be permitted. (Ord. 973, 11-14-95, eff. 12-06-95)
- C. That said home occupation is clearly incidental and secondary to the use of the property for residential purposes.
- D. That said home occupation can be carried on without tangible evidence of same being apparent to the particular neighborhood.
- E. That said home occupation will not be detrimental in any way to public health, safety and welfare or injurious to the neighborhood in which the property in question is located.
- F. That said home occupation shall be conducted entirely by resident occupants and no person not a resident of the premises shall be employed therein.
- G. That said home occupation does not involve the use of any vehicle having a commercial license as defined by the Nevada Revised Statutes.
- H. That said home occupation shall only be conducted in one room of the house. There shall be no outside storage of any kind related to the home occupation.
- I. That there shall be no advertising on the premises.
- J. That there are no covenants, conditions and restrictions which would prohibit the conduct of a business at the residence.
- K. That the use may increase vehicular traffic flow and parking by no more than one additional vehicle at a time. (Ord. 841, 2-23-88, eff. 3-23-88)

---

COMMUNITY DEVELOPMENT STAFF ONLY:                    Correct zone? Y/N \_\_\_\_\_  
Approved \_\_\_\_\_                    Disapproved \_\_\_\_\_                    Not Applicable/Tradesman \_\_\_\_\_  
Signed/Title \_\_\_\_\_                    Date \_\_\_\_\_

(For disapproval, submit statement of reason to Business License Office and send letter with reasons to applicant as per Section 11-29-4.C of the City Code.)

**11-29-3: USES THAT ARE PROHIBITED:**

The following uses by the nature of the investment or operation have a pronounced tendency once started to rapidly increase beyond the limits permitted for home occupations and thereby impair the use and value of a residentially-zoned area for residence purposes. Therefore, the uses specified below shall not be permitted as home occupations:

- A. Auto repair, minor or major;
- B. Barber or beauty shops;
- C. Carpentry work;
- D. Dance instruction;
- E. Dental offices or medical offices, excluding the office of a licensed massage technician (also see [Title 4](#) of this Code, Business Regulations);
- F. Lawyer's offices;
- G. Painting of vehicles, trailers or boats;
- H. Photo developing;
- I. Photo studios;
- J. Private schools with organized classes;
- K. Radio repair or television repair;
- L. Upholstering;
- M. Other businesses dissimilar to and inconsistent with the stated purpose of this Chapter. (Ord. 973, 11-14-1995, eff. 12-6-1995)



## Child Support Status Statement

The Federal Welfare Reform Act, as implemented by the 1997 session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation (NRS 425.520 & 266.358) you are required to complete this statement and return it with your application. Failure to complete and return this statement will be cause to deny your business license application.

The undersigned has applied for a Business License in the City of Boulder City and pursuant to SB356 solemnly swears or affirms that the statement contained in this affidavit is true and correct to the best of his/her knowledge and that this statement is executed with knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a Business License.

I understand that a copy of this statement will be sent to the State of Nevada, Department of Welfare, for verification.

Please indicate the appropriate response:

1. \_\_\_\_\_ I am not subject to a court order for the support of a child.
  
2. \_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
  
3. \_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature of Applicant



**CITY OF BOULDER CITY**

401 California Ave  
Boulder City NV 89005

**BACKGROUND INVESTIGATION REPORT**  
**DISCLOSURE OF INTENT TO OBTAIN**  
**CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

**INVESTIGATION FEES ARE NON-REFUNDABLE**

For business/liquor licensing purposes, the City of Boulder City may obtain consumer reports on you as a business/liquor license applicant. "Consumer reports" are reports from consumer reporting agencies and may include county and national criminal records, etc.

For such business/liquor licensing purposes, the City of Boulder City may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

**AUTHORIZATION**

**I authorize the City of Boulder City to obtain consumer reports and/or investigative consumer reports regarding me for business/liquor licensing purposes.**

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

Date: \_\_\_\_\_

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

SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Other Driver's Licenses Held in Past 5 Years: \_\_\_\_\_

Print Maiden or Other Names Under Which Records May be Listed: \_\_\_\_\_

Date of Birth (to be used only for proper identification): \_\_\_\_\_

Current address: \_\_\_\_\_

Previous Address \_\_\_\_\_  
(If less than 1 yr at current address)

If the City of Boulder City requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, indicate here:

\_\_\_\_\_

Sign and Return the Page for Filing  
Copy to Applicant  
CBC FCRA FORM - 1



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

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

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):

<b>Effective Date of Coverage</b>	<b>Account Number</b>
-----------------------------------	-----------------------

- ( ) 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.

<b>Effective Date</b>	<b>Certificate Number</b>
-----------------------	---------------------------

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

<b>Name of Applicant</b> (Please Print)	<b>Applicant's Telephone No.</b>		
<b>Applicant's Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

<b>Signature of Applicant</b> (To be signed in the presence of the business license office employee)	<b>Applicant's Title</b>
--	--------------------------

<b>Witness Signature</b> - (Business License Office Employee)	<b>Name of City or County</b>
---	-------------------------------

**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.

A Type 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.



JIM GIBBONS  
Governor  
ROBERT R BARENGO  
Chair, Nevada Tax Commission  
DINO DICIANNO  
Executive Director

## STATE OF NEVADA DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>  
1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

HENDERSON OFFICE  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

### Affirmation of Compliance

Business owners meeting all of the requirements below may sign the Affirmation of Compliance (on reverse) to confirm they sell no tangible personal property and purchase only from Nevada licensed vendors.

- The business provides service(s) only
- The business does NOT sell any tangible personal property
- The business falls into one or more of the following categories:
  - 1) pet care / pet sitting (NOT veterinarians)
  - 2) lawn maintenance
  - 3) house cleaning
  - 4) travel agencies
  - 5) trucking
  - 6) courier services
  - 7) massage therapists
  - 8) real estate agents
  - 9) dancers
  - 10) entertainers
  - 11) bail bondsmen
  - 12) building inspectors
  - 13) employment placement agencies
  - 14) home owners' associations

All businesses which sell tangible personal property and any service businesses which do not fall into 1 of the 14 categories listed below are required to register with the Department of Taxation.

You can apply online at: <http://tax.state.nv.us>

Or you can visit any of the office locations listed above with your completed taxation forms.

**BRING PROOF OF REGISTRATION BACK WITH YOUR CITY APPLICATION.**

## Nevada Department of Taxation Affirmation of Compliance

Pursuant to NRS 244.335 and NRS 268.095, the local licensing agencies are imposed the responsibility to obtain from new business license applicants assurance of compliance with the state sales and use tax registration requirements (NRS 372.220). The affirmation of compliance below must be completed, signed and submitted to this office prior to the issuance of a license. If mailed or submitted by someone other than the applicant, this form must be notarized. All questions pertaining to this law should be directed to:

State of Nevada, Department of Taxation  
555 E. Washington Avenue, Suite 1300  
Las Vegas, Nevada 89101  
Call Center (866) 962-3707

**Nevada imposes a use tax on tangible personal property used in Nevada on which Nevada sales tax has not been paid. If you fabricate, consume or otherwise use untaxed tangible personal property, please contact the Department of Taxation before applying for your city or county business license.**

Owner's name:	Business name:
Owner's address:	Business address:
City, State & Zip:	City, State & Zip:
Phone number:	Phone number:

The undersigned business license applicant declares:

I do not sell anything tangible, fabricate anything tangible, nor do I purchase tools, equipment, supplies, subscriptions or other tangible personal property from anyone other than registered Nevada retailers to whom I pay Nevada sales tax.

I understand that if any of the above information changes, I must contact the Department of Taxation **immediately**. Further, if at any time, now or in the future, I begin making sales of tangible personal property or consume tangible personal property untaxed in the state of Nevada, I will contact the Department of Taxation. Failure to do so may potentially leave my organization subject to tax, penalty and/or interest.

I do hereby affirm that the above information is true and correct, dated this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

<b>Signature</b>	<b>Printed Name</b>	<b>Title</b>

**Subscribed and sworn to before me this**

\_\_\_\_\_  
**Business License Representative**

\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**Notary public (if mailed)**

## NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print legibly in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business. Online registration is also available. See instructions.

<b>1</b>	<b>I Am Applying For:</b> * SEND A COPY TO EACH AGENCY	<input type="checkbox"/> Unemployment Insurance <small>*(Employment Security Division - ESD)</small>	<input type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> Modified Business Tax <small>*(Department of Taxation)</small>	<input type="checkbox"/> Local Business License			
<b>2</b>	<input type="checkbox"/> New Business <input type="checkbox"/> Change in Ownership/ Business Entity <input type="checkbox"/> Change in Location <input type="checkbox"/> Other <input type="checkbox"/> Change in Corporate Officers <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Change in Name <input type="checkbox"/> Add Location						
<b>3</b>	Business Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Publicly Traded Corp <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> S Corp. <input type="checkbox"/> Privately Held Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other						
<b>4</b>	<b>Corporate/Entity Name (as shown on State Business License):</b>		<b>Corporate/Entity Telephone</b> (    )	<b>5</b> <b>Federal Tax Identification Number</b>			
<b>6</b>	Street Number, Direction (N, S, E, W) and Name    Suite, Unit or Apt #		City, State, and Zip Code +4				
<b>7</b>	<b>Corporate/Entity Address:</b>		State of Incorporation or Formation				
<b>7</b>	Nevada Name (DBA):		<b>Business Telephone</b> (    )	<b>Fax</b> (    )			
<b>8</b>	<b>E-mail Address:</b>	<b>Website Address:</b>	<b>9</b>	Nevada Business Identification #:			
<b>10</b>	<b>Mailing Address:</b>		Street Number, Direction (N, S, E, W) and Name    Suite, Unit or Apt #    City, State, and Zip Code +4				
<b>11</b>	<b>Location(s) of Nevada Business Operations:</b>		Street Number, Direction (N, S, E, W) and Name    Suite, Unit or Apt #    City, State, and Zip Code +4				
<b>12</b>	<b>Location of Business Records:</b>		Street Number, Direction (N, S, E, W) and Name    Suite, Unit or Apt #    City, State, and Zip Code +4 <b>Telephone Number:</b> (    )				
<b>13</b>	<b>List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.</b>						
	Last, First, MI :		Residence Address (Street)    Date of Birth				
	Title	Percent Owned	City, State, Zip +4    Residence Telephone				
	Last, First, MI :		Residence Address (Street)    Date of Birth				
	Title	Percent Owned	City, State, Zip +4    Residence Telephone				
	Last, First, MI :		Residence Address (Street)    Date of Birth				
	Title	Percent Owned	City, State, Zip +4    Residence Telephone				
	Responsible Local Contact ( Last, First, MI & Title ):		Residence Address (Street), City, State, Zip +4    Residence Telephone				
<b>14</b>	<b>Date Business Started in Nevada</b>	<b>Date Nevada Location Opened</b>	<b>Date First Worker Hired in Nevada</b>	<b>Date of First Nevada Payroll</b>	<b>Amount of First Nevada Payroll</b>	<b>Number of Employees</b>	
<b>15</b>	<b>PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS</b>						
	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity	<input type="checkbox"/> Amusement Machines	<input type="checkbox"/> Registered Agent
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Financial Institutions
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leasing (Other than Employees)	<input type="checkbox"/> Gaming	<input type="checkbox"/> Mortgage Brokers
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Tire Sales	<input type="checkbox"/> Supply/Use Temporary Workers	<input type="checkbox"/> Health Services	<input type="checkbox"/> Banker
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit Number _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<b>16</b>	<b>Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered.</b> State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.						
<b>17</b>	<b>If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:</b>						
	Date Acquired/Changed:		Acquired/Changed by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> In Part		
	Name(s) of Previous Owner(s)			Previous Owner(s) Business Name			
	Address (Street)		City	State	Zip Code +4		
	Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:			Enter Previous Owner(s) ESD Account Number:			
<b>18</b>	<b>* Signatures must be that of a responsible party *</b>						
	<b>I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.</b>						
	**Signature Responsible Party / Original		Print Name And Title		Date		
	**Signature Responsible Party / Original		Print Name And Title		Date		

ORIGINAL SIGNATURES REQUIRED BY AGENCIES – KEEP A COPY FOR YOUR RECORDS

APP-01.00  
Revised 09-15-09

## NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Completion of this form will provide the common information needed and/or required by participating state and local government agencies. Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

**WHO ACCEPTS THIS FORM?** The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Also, most local governments accept the form.

**WHAT OTHER INFORMATION MUST I PROVIDE?** When applying with the Department of Taxation: All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying with the Employment Security Division: If you employ agricultural or domestic workers or are a non-profit agency, you must complete a Supplemental Registration (NUCS-4058).

If you haven't yet received or applied for a Nevada State Business License, please contact the Nevada Secretary of State at (775) 684-5708 or visit their website at <http://nvsos.gov>.

### LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

1. **I Am Applying For:** Check the boxes that apply. Nevada has no central database for business registration. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
2. **Check All Box(es) That Apply.**
3. **Business Entity Type:** Indicate the structure and type of ownership of your business.
4. **Corporate/Entity Name:** Enter the name as registered with the Secretary of State for the State Business License. Include a telephone number.
5. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/business>. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
6. **Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
7. **Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
8. **E-mail Address / Website Address:** Enter Email and Website Address information.
9. **Nevada Business ID Number:** Enter the number as shown on your State Business License issued by the Secretary of State
10. **Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
11. **Location(s) of Nevada Business Operations:** Enter the complete location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations.
12. **Location of Business Records:** Enter the complete address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
13. **List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
14. **Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
15. **Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
16. **Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
17. **Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
18. **Signature Instructions: Make copies first and then sign each copy. Original signatures are required by each State and local agency. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.**

<b>Toll Free (In State) for All State of Nevada</b> .....	<b>800-992-0900</b>
<b>Nevada Department of Taxation: Online Registration:</b> <a href="https://www.nevadatax.nv.gov">https://www.nevadatax.nv.gov</a> – Website: <a href="http://www.tax.state.nv.us">http://www.tax.state.nv.us</a>	
Las Vegas..... 555 E Washington Avenue • Suite 1300 • Las Vegas Nevada • 89101.....	(702) 486-2300
Reno..... 4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502.....	(775) 688-1295
Carson City.... 1550 College Parkway • Suite 115 • Carson City, NV • 89706.....	(775) 684-2000
<b>Nevada Employment Security Division (ESD): Online Registration:</b> <a href="https://uitax.nvdetr.org">https://uitax.nvdetr.org</a> – Website: <a href="http://www.nvdetr.org">www.nvdetr.org</a>	
Las Vegas .....	(702) 486-0250
Reno .....	(702) 823-6680
Statewide (Mailing)..... 500 E Third Street • Carson City, NV • 89713-0030 .....	(775) 684-6300
If your business has or may have a discharge to the environment or needs a water appropriation permit, the following telephone numbers should be used for information concerning exemptions and to acquire applications:	
<b>Nevada Department of Conservation and Natural Resources: – Website: <a href="http://www.dcnr.nv.gov">www.dcnr.nv.gov</a></b>	
Environmental Protection Division .....	(775) 684-4670
Water Resources Division (Water Appropriation) .....	(775) 684-2800
<b>Nevada Department of Wildlife:</b> (Industrial Artificial Pond Permit) – Website: <a href="http://www.ndow.org">www.ndow.org</a> .....	(775) 688-1500
<b>Nevada Secretary of State: – Website: <a href="http://whynevada.com">http://whynevada.com</a> – a resource for Nevada.....</b>	<b>(775) 684-5708</b>
<b>Local Business License Departments:</b> To obtain the telephone numbers for local license departments, check the white pages of the telephone directory under the government name i.e. Clark County, Washoe County, Reno, etc.	

**NEVADA DEPARTMENT OF TAXATION  
SUPPLEMENTAL REGISTRATION**

Please print clearly — Use black or blue ink only  
Please mark applicable type(s) (See Instructions)

<b>For Department Use Only</b>
TID: _____
Dept. of Taxation Representative accepting application: _____

Sales/Use Permit     Consumers Certificate     Certificate of Authority     Live Entertainment Tax

<b>1.</b>	DBA (as shown on the Nevada Business Registration Form): _____	
<b>2.</b>	Business telephone number: _____	<b>3.</b> List STATE of incorporation or formation if applicable: _____

**4. FEES AND SECURITY DEPOSIT**

<b>5.</b>	Estimated total monthly receipts: _____	<b>6.</b> Estimated total Nevada monthly TAXABLE receipts: _____
-----------	---	--

**7.** Reporting cycle (check choice of reporting)  
Sales Tax Accounts with over \$10,000 a month in TAXABLE sales must report monthly.

	Monthly	Quarterly	Annual
Sales/Use Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live Entertainment Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8.** Security (See Instructions)     Surety # \_\_\_\_\_  
 Cash \$ \_\_\_\_\_     CD # \_\_\_\_\_

<b>9.</b>	Sales Tax Fee (See instructions): _____	<b>10.</b> Total Nevada Business Locations: _____
-----------	---	---

**11. OWNER INFORMATION**

\*\*List should match Owner Information on Line 13 of the Nevada Business Registration Form\*\*

<b>11.</b>	Name: _____	SSN: _____
	Name: _____	SSN: _____
	Name: _____	SSN: _____
	Name: _____	SSN: _____

**12. OTHER INFORMATION**

Name of spouse/relative	Address of spouse/relative	Phone number of spouse/relative
Name of other contact	Address of other contact	Phone number of other contact
Accountant/bookkeeper	Address of accountant/bookkeeper	Phone number of accountant/bookkeeper
Other employment (If applicable): Company _____ Company _____		
Name of bank/financial institution – location / account number: Business _____ Personal _____		

**FOR DEPARTMENT USE ONLY**

ST/UT No.: \_\_\_\_\_ MBT No.: \_\_\_\_\_

Combine Accts:  Yes  No    Previous Acct: \_\_\_\_\_    Previous Acct Cancelled:  Yes  No

Comments: \_\_\_\_\_

\*\*For an introduction to the Department and general information, see our Taxpayer Information Packet Online at [www.tax.state.nv.us](http://www.tax.state.nv.us) \*\*

## SUPPLEMENTAL REGISTRATION INSTRUCTIONS

**Sales/Use Tax** — A business which sells tangible personal property at retail or wholesale, and has a physical location in Nevada or enters Nevada to conduct business

**Consumer's Certificate (Use Tax)** — This certificate allows a Nevada business, not required to hold a Nevada Sales/Use Tax permit, to pay use tax directly to the State on tangible personal property purchased from a vendor not registered to collect Nevada sales tax. Example: Contractors who do not make sales and only purchase building materials for their own use from out of state. All businesses required to register for the State Business License that purchase tangible personal property for storage, use or other consumption in Nevada must also register for use tax. Registering for use tax does not require payment of a fee, nor does it require security.

**Certificate of Authority** — This permit is available to out-of-state businesses having no jurisdiction or nexus in Nevada. The permit allows an out-of-state business, who is not required to hold a Nevada Sales/Use Tax permit, to voluntarily register in order to collect and remit use tax as a convenience for its Nevada customers. This permit does not require payment of a fee, nor does it require security.

**Live Entertainment Tax (LET)** — Monthly tax is based on admission charges, merchandise, food and refreshment sales for non-gaming facilities providing live entertainment with maximum occupancy of 200 to 7,499. Monthly tax is based on admission charges only for non-gaming facilities providing live entertainment with occupancy of 7,500 or more. If the maximum occupancy is under 200, no tax liability exists. Maximum occupancy that meets or exceeds 200 must register for the Live Entertainment Tax. Maximum occupancy means the maximum occupancy of the facility as determined by the State Fire Marshal or local governmental agency.

**1. DBA** - Name doing business as

**2. Business Telephone Number** – please include area code

**3. State of Incorporation or Formation** – foreign corporations must be registered with the Nevada Secretary of State's Office to do business in Nevada

**5. Estimated Total Monthly Receipts** – this is the total of all gross receipts including wholesale sales, labor, exempt sales, etc

**6. Estimated total Nevada monthly TAXABLE receipts** – this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, labor, exempt sales, etc

**7. Reporting Cycle** – Please indicate filing frequency desired. Sales or purchases exceeding \$10,000 require monthly reporting. Options may not apply to certain tax types.

**8. Security** — Check off type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, compute your average monthly taxable sales. Multiply taxable Nevada sales by the highest tax rate in Nevada, which is 8.10% as of 07/01/09. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. There is a minimum security deposit requirement of \$100.00. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.

**9. Sales Tax Fee** – A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (#10) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00.

**10. Total Nevada Business Locations** – number of physical locations in Nevada

**11. Owner Information** – Names should match owner information on Line 13 of the Nevada Business Registration. (Note: Federal law allows the use of social security numbers by state governments in the administration of taxes. )

**12. Other Information** – please complete all that apply

**Note: Modified Business Tax (MBT) – General Business / Modified Business Tax - Financial Institutions (MBTFI)** is a Quarterly tax based on gross wages reported to the Employment Security Department. There is an allowable deduction for qualified health insurance or plan. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency.

**THIS FORM MUST BE SUBMITTED WITH YOUR  
NEVADA BUSINESS REGISTRATION FORM**



**ROSS MILLER**  
**Secretary of State**  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## **Nevada State Business License**

Since October 1, 2009, filing and payment of the State Business License has been processed by the Secretary of State's office. Pursuant to [AB 146](#) passed by the 2009 Nevada Legislature, and codified in [NRS Chapter 76 - State Business License](#), the authority for the State Business License was transferred from the Department of Taxation to the Secretary of State. For entities that are required to file an initial or annual list of officers (Title 7 Entities) with the Secretary of State, you will be required to file for the State Business License at the time your list is due.

All other businesses, such as sole proprietors, general partnerships, or others not required to organize pursuant to Title 7 of the NRS, must file a new application or renew their existing State Business License with the Secretary of State's office after October 1, 2009. Applications and renewal forms for non-Title 7 entities may be found [here](#) and may even be filed online if the red "Online!" link indicates online filing is available for that particular action and entity type. For further clarification, see [Nevada Business License Fee Frequently Asked Questions](#)

**Title 7 entities** – A Title 7 entity is an entity organized pursuant to the laws of Nevada that files its formation documents with the Office of the Secretary of State. Title 7 entities are required to file an Annual List of Officers or its equivalent, and includes domestic and foreign qualified corporations, limited liability companies, limited partnerships, limited liability partnerships, limited liability limited partnerships and business trusts. For Title 7 entities, the State Business License application is included with the Annual List of Officers.

Title 7 entities **already on file** with the Secretary of State's office may file the Annual List (including the State Business License) by completing the appropriate form, available [here](#), and mailing, faxing, or bringing to our office. Annual lists may also be filed online IF NOT CLAIMING AN EXEMPTION FROM THE STATE BUSINESS LICENSE by clicking this link: [Title 7 Entities File Online!](#)

Be advised that effective August 6, 2011, Title 7 entities claiming a statutory exemption from the State Business License fee are required to attach a completed, notarized supplemental form to the initial or annual list: [Declaration of Eligibility for State Business License Exemption](#)

Please include the following documents if mailing or faxing to our office [Customer Order & ePayment Packet](#).

YOU CAN APPLY ONLINE AT [WWW.NVSOS.GOV](http://WWW.NVSOS.GOV)

OR VISIT THE LAS VEGAS OFFICE AT:

555 E WASHINGTON AVE #5200  
LAS VEGAS NV 89101  
702-486-2440

**BRING PROOF OF REGISTRATION BACK WITH YOUR CITY APPLICATION**



## **RESOURCES:**

### **Department of Taxation**

555 E. Washington Avenue Suite 1300  
Las Vegas NV 89101  
702-486-2300

web address: [tax.state.nv.us](http://tax.state.nv.us)

### **\*Henderson Office**

2550 Paseo Verde Pkwy Ste 180  
Henderson NV 89074  
702-486-2354

### **Southern Nevada Health District**

625 Shadow Lane  
Las Vegas NV 89106  
702-759-1000

Web address: [southernnevadahealthdistrict.org](http://southernnevadahealthdistrict.org)

### **\*Henderson Office**

129 W. Lake Mead Dr Ste 10  
Henderson NV 89015  
702-759-0501

### **Nevada Secretary of State**

202 N Carson Street  
Carson City NV 89701  
775-684-5708

Web address: [nvsos.gov](http://nvsos.gov)

### **\*Las Vegas office**

555 E Washington Ave #5200  
Las Vegas NV 89101  
702-486-2440

### **Nevada State Contractor's Board**

2310 Corporate Circle Ste 200  
Henderson NV 89074  
702-486-1100

Web address: [nvcontractorsboard.com](http://nvcontractorsboard.com)

### **Department of Motor Vehicles**

1399 American Pacific  
Henderson NV 89074  
702-486-4368

Web address: [dmv.nv.com](http://dmv.nv.com)

### **County Clerk**

200 Lewis Ave  
Las Vegas NV 89155  
702-671-0500

Web address: [accessclarkcounty.com/clerk](http://accessclarkcounty.com/clerk)