



Business License Checklist

Finance Department – Business Licensing

401 California Ave., Boulder City, NV 89005

Phone 702-293-9219

www.bcnv.org

licensing@bcnv.org

To start a business, you will need to submit the following items with your application.

- *Nevada State Business License** - Apply online at www.nvsilverflume.gov
- *Workers Compensation Insurance or eAffirmation** - Apply online at www.nvsilverflume.gov or complete form D25 in this packet.
(If the business is not located in Boulder City this is not required.)
- *Nevada Sales Tax permit or eClearance** Apply online at www.nvsilverflume.gov
- COPY of Fictitious Firm Name certificate, if applicable** - Information or to apply visit: www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFirmNames.aspx
- COPY of Any other required State license** - Information for all regulated licensing types can be found at: nv.gov/agency/department
Common examples: Contractors license, Pest Control, Bail Bond, Massage, Cosmetology, Engineering Firms, Real Estate.
- COPY of Health Permit, if applicable** - Information to apply at <http://www.southernnevadahealthdistrict.org>
- COPY of Any required Federal license.**
- COPY of Letter or lease agreement signed by the owner of the property or property manager.**
If your address is not a Boulder City address you will need to provide a copy of your license from the issuing city or county.
- COPY of applicant's driver's license or government issued ID**

*** Print out your SilverFlume Common Business Registration and bring it back with your application.**

(From your dashboard, click on your NV Business ID. In the Common Business Registration section, click on "View Document".)

Businesses using a residential address must obtain a **Home Occupation Permit**.

Contact Community Development for applications or call 702-293-9282 for further information.

Incomplete applications will not be accepted.

License fees will be collected after the license has been approved.

Applications pending longer than 90 days without any action will be canceled.

Non-Profit businesses: Provide a copy of your letter from the IRS acknowledging non-profit status as a 501 (c) (3)

Nonprofit permits may be issued to any person or organization operating without private profit primarily to further eleemosynary, public, charitable, educational, literary, fraternal or religious purpose. Should the license officer determine that the applicant does not have a principal purpose which is primarily charitable, nonprofit, fraternal or eleemosynary, the nonprofit permit shall not be granted and the regular business license fee shall be applicable as set forth in this chapter.

BOULDER CITY BUSINESS ADDRESSES ONLY

After submitting your application, you will need to schedule inspections with the following departments:

Fire Department - 702-293-9228 (an inspection fee may apply)

Building Division- 702-293-9282 (an inspection fee may apply - Inspections are not conducted for residential addresses.)

All signs must be approved by Community Development.

Placements of any items in the right-of-way or city sidewalks need an encroachment permit from Public Works-Engineering.

For commercial disposal services contact Boulder City Disposal at 702-293-2276.



City of Boulder City
Business License Application
 401 California Ave., Boulder City, NV 89005
 Phone 702-293-9219
www.bcnv.org
licensing@bcnv.org

| BUSINESS INFORMATION | | | |
|---|--|---|--|
| BUSINESS NAME: | ENTITY TYPE: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor | | |
| DBA: | BUSINESS PHONE: | EMAIL: | |
| BUSINESS LOCATION: | CITY: | STATE: | ZIP: |
| BUSINESS MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| DATE YOU STARTED BUSINESS IN BOULDER CITY (or anticipated date): | | | |
| CHECK ALL THAT APPLY: | | | |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Consulting | <input type="checkbox"/> Food | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Contractor | <input type="checkbox"/> Health Care | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Home office | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Check cashing | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Instructional | <input type="checkbox"/> Pawn |
| <input type="checkbox"/> Coin Operated machines | <input type="checkbox"/> Finance | <input type="checkbox"/> Leasing | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail | <input type="checkbox"/> Services | <input type="checkbox"/> Soliciting |
| <input type="checkbox"/> Tours | <input type="checkbox"/> Transportation | <input type="checkbox"/> Used Goods | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Other | | | |
| BUSINESS DESCRIPTION: Provide a concise description of the business activities to be conducted. Be certain that all phases of the business to be transacted are described. Any misrepresentation may be sufficient cause for denial or revocation of license. | | | |
| | | | |
| BUSINESS OWNER(S) <i>attach a separate sheet if necessary</i> | | | |
| NAME: | TITLE: | PERCENT OWNED: | |
| HOME ADDRESS: | CITY: | STATE: | ZIP: |
| PHONE: | EMAIL: | | |
| NAME: | TITLE: | PERCENT OWNED: | |
| HOME ADDRESS: | CITY: | STATE: | ZIP: |
| PHONE: | EMAIL: | | |
| NAME: | TITLE: | PERCENT OWNED: | |
| HOME ADDRESS: | CITY: | STATE: | ZIP: |
| PHONE: | EMAIL: | | |
| IF YOUR BUSINESS IS LOCATED IN BOULDER CITY, PLEASE COMPLETE ITEMS 1-9 BELOW. | | | |
| 1. Frontage of premises in feet: <input type="checkbox"/> 14 or less <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36-49 <input type="checkbox"/> 50-75 <input type="checkbox"/> 76-100 <input type="checkbox"/> 101 -500 <input type="checkbox"/> 500 plus | 2. Number of rental units: | 3. Hours operated per week: <input type="checkbox"/> 54 or less <input type="checkbox"/> 55-90 <input type="checkbox"/> 91-125 <input type="checkbox"/> 126 or more | |
| 4. Number of tables & seating: | 5. Number of cars being stored outside: | 6. Number of Part-Time employees: | 7. Number of Full-Time employees: (include owners & each part-time employee working more than 4 hours/day) |
| PROPERTY INFORMATION | | | |
| 8. PARCEL NUMBER: | | 9. PROPERTY OWNER(S) NAME: | |

| | | | |
|--|--------|--------|------|
| APPLICANT INFORMATION (must be owner or authorized agent) | | | |
| APPLICANT'S NAME: | | | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| EMAIL: | PHONE: | | |

CERTIFICATION

1. Is any owner/officer/member 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 yes, attach a statement giving full explanation of such indebtedness or obligation.)
2. 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 or Ordinance of the City Council or 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: | Date: |
|--------------------------------|--------------|

OFFICE USE

| | | | | |
|---|---|---|--|---|
| CLASS: | | | | |
| <input type="checkbox"/> A 1000 Every business shall be designated class A, and one thousand (1,000) points shall be attributable thereto, except the following: <input type="checkbox"/> B 1500 Accountant, Architect, Attorney, Barber, Chiropractor, Cosmetologist, Dental laboratory, Dentist, Doctor, MD, Engineer-professional, Healing arts and schools, Light and power company, Massage center, Massage technician, Medical laboratory, Optician, optometrist, Osteopath, Physical therapist, Real estate broker, Veterinarian, or any medical profession which requires a state license <input type="checkbox"/> C 2000 Loan office and agency, Motor vehicle body shop, Pawnshop, Pool hall, Public dance establishment, Secondhand store, Taxicab and cars for hire, Undertaker or funeral home, Wholesale gas and oil | | | | |
| SPECIAL CHARACTERISTICS: | | <input type="checkbox"/> c 10,000 Bank, bus line or railroad. <input type="checkbox"/> d 2000 Pawnshop, secondhand store, tavern or package liquor store <input type="checkbox"/> e 1000 Cocktail lounge, alcoholic liquor service bar or package limited liquor store, or department store. <input type="checkbox"/> f 50 Per vending or video game machine, excluding weighing and stamp machines. | | |
| <input type="checkbox"/> a 100,000 Fortune teller, astrologer, clairvoyant, medium, palmist, phrenologist or similar profession, and adult-oriented theater, adult-oriented book store and businesses of a similar nature. <input type="checkbox"/> b 50,000 Junk dealer, junk yard, auto salvage yard, refuse collection, recycling or similar business. | | | | |
| FRONTAGE FEET: | | EMPLOYEES (FULL TIME) = 200 per | | |
| <input type="checkbox"/> <14=100 <input type="checkbox"/> 15-24=250 <input type="checkbox"/> 25-35=400 <input type="checkbox"/> 36-49=1000 <input type="checkbox"/> 50-75=1500 <input type="checkbox"/> 76-100=2500 <input type="checkbox"/> 101-500=3500 <input type="checkbox"/> >500=3500 plus 40 per foot over 500 | | EMPLOYEES (PART TIME) = 50 per | | |
| HOURS OPERATED: <input type="checkbox"/> 54 or less=400 <input type="checkbox"/> 55-90=600 <input type="checkbox"/> 91-125=800 <input type="checkbox"/> 126 and over=1000 | | | | |
| RENTAL UNITS: =50 per | | | | |
| TOTAL POINTS _____ (min. 2666.5 pts) | | | TOTAL POINTS X .03 = ANNUAL FEE: | |
| <input type="checkbox"/> Application signed | <input type="checkbox"/> Department of Taxation | <input type="checkbox"/> Health Permit | <input type="checkbox"/> Lease (Boulder City only) | <input type="checkbox"/> Fictitious Firm Name |
| <input type="checkbox"/> NV State Business License | <input type="checkbox"/> Worker's Compensation Ins. | <input type="checkbox"/> Federal or State License (Contractors, Realtors, Pest, Bail, etc.) | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Proof of Non-Profit |

**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 () LLC

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.

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.

RESOURCES:

State Agencies

Nevada State Contractor's Board

Web address: www.nvcontractorsboard.com

2310 Corporate Circle Ste 200
Henderson NV 89074

Nevada Department of Taxation

Web address: www.tax.state.nv

2550 Paseo Verde Pkwy Ste 180
Henderson NV 89074

Nevada Department of Motor Vehicles

Web address: www.dmvnv.com

1399 American Pacific
Henderson NV 89074

State of Nevada – Department of Business & Industry

Division of Industrial Relations – Workers' Compensation Section

Web address: www.dir.nv.gov

1301 N. Green Valley Pkwy Ste 200
Henderson NV 89074

County Agencies

Southern Nevada Health District

Web address: www.southernnevadahealthdistrict.org

330 S. Valley View Blvd
Las Vegas NV 89152
702-759-1000

Clark County Clerk

Fictitious Firm Names

Web address: www.clarkcountynv.gov

200 Lewis Ave
Las Vegas NV 89101
702-671-0500

--or--

500 S. Grand Central Pkwy
1st & 6th Floors
Las Vegas NV 89155
702-455-4431

--or--

240 Water St. (*Thursdays only*)
Henderson NV 89015
702-455-1055

It is required by Nevada Revised Statutes ([NRS 602.010](#)) that every person doing business in the state of Nevada under an assumed or fictitious name that is different from the legal name of each person who owns an interest in the business must file with the County Clerk of each county in which the business is being conducted a certificate containing the information required by the above Nevada Revised Statute. **The filing of a fictitious firm name does not give exclusive rights to the use of that name.** An FFN filing is also required by the Business License office before issuing a business license under a fictitious name. A person doing business in this state without complying with the requirements of this chapter or having falsely filed a certificate of termination is guilty of a misdemeanor (NRS 602.090). Each individual business name must have a separate filing.

Business License offices in Southern Nevada

| | | | |
|---|---|---|---|
| City of Henderson 240 Water St. Henderson, NV 89015 702-267-1730 www.cityofhenderson.com | City of Las Vegas 333 N. Rancho Dr. Las Vegas, NV 89101 702-229-6281 www.lasvegasnevada.gov | City of North Las Vegas 2250 Las Vegas Blvd. N. North Las Vegas, NV 89030 702-633-1520 www.cityofnorthlasvegas.com | Clark County 500 S. Grand Central Pkwy. Las Vegas, NV 89155 702-455-4252 www.clarkcountynv.gov |
|---|---|---|---|

FOR INFORMATIONAL PURPOSES ONLY
Boulder City Fire Department
1101 Elm Street
Boulder City, NV 89005
702-293-9228

Checklist for New Business Inspections
Commercial Fire Inspection

(Boulder City addresses only)

Please contact the Fire Department for your New Business Inspection once you have moved any and all equipment, supplies, computers, etc into the business address (as if you were ready to open the business tomorrow).

The inspectors will be looking for the following compliance areas, if applicable:

Exit Ways:

Identify exit doors and clearly mark with Exit Signs that are "Illuminated". If no power, you may use a Self-Luminous UL approved Tritium Exit Sign (they are warranted for 10 to 20 years). (Exitsigns.com, Grainger.com, etc.) Make sure that no flammable liquids are near exit ways. Make sure that nothing is in front of your exit doors. Exit door must have sign "Must Remain Unlocked During Business Hours". Must be permanently affixed and installed on the egress side of the door jam and shall be in letters one inch high on a contrasting background per the 2009 IFC Section 1008. Provide exit signs to indicate direction of egress.

Storage:

18" clearance for heat-producing appliances. Combustible materials storage must be orderly. Remove any kind of storage from exits, aisles and corridors. Remove storage from mechanical room – electrical panel clearance. Make sure that storage is not too close to the ceiling – 2 ft if not sprinkled/ 18' if sprinkled.

General:

Place address so it is visible from the street from both directions. Contrast the color of the address number with the color of the background. Illuminate the address directly or indirectly so it is visible at night. Address must be displayed at each entrance - less than 100 feet from the curb requires minimum of 8 inch high numbers; further than 100 feet from the curb requires minimum of 12 inch high numbers. Unit number on rear door must be a minimum of 3 inches high.

Alarm Systems:

Fire Sprinkler, Monitoring, and Alarm systems maintained, tested, and tagged by State Fire Marshal approved company.

Fire Monitoring Systems:

Provide maintenance and inspection agreements via 702-293-9221 Fax or fire@bcnv.org

Sprinkler Extinguishing Systems:

Provide sprinkler maintenance agreement. Repair defective, damaged, corroded, or painted heads immediately.

Fire Extinguishers:

Have extinguisher(s) serviced and tagged annually. Hang extinguisher top no more than 5 feet from floor. Post sign for extinguisher(s) that are not readily visible.

Approved Fire Extinguishers:

1. You can purchase a five (5) LB fire extinguisher thru any fire extinguisher company. Look in Yellow Pages under "Fire Extinguisher". They will place the current State of Nevada approved tag on the extinguisher. Every year you will need to have the extinguisher inspected thru an licensed fire extinguisher company and tagged with a current State of Nevada approved date tag. According to OSHA, the inspection tag must list the date of the last inspection and when the next inspection is due. Maintenance of all fire extinguishers is required on an annual basis.
OR
2. Store bought five (5) LB fire extinguishers are acceptable with current year date stamp on bottom of extinguisher. You will need to purchase a new extinguisher every year w/ current date stamp on bottom of extinguisher or you will need to have the extinguisher inspected by a licensed fire extinguisher company and tagged with a current State of Nevada approved date tag. According to OSHA, the inspection tag must list the date of the last inspection and when the next inspection is due. Maintenance of all fire extinguishers is required on an annual basis.

Knox Box:

Provide Knox Box if you have an Alarm system and/or a Sprinkler system. You can obtain a Knox Box order form at the Fire Station.

Please complete the form and return it to the Fire Department for the Fire Chief's written approval or you can order on line:

<http://www.knoxbox.com/store/findDept.cfm> Once written approval is obtained by the Fire Chief you will either mail in the form with a check to the Knox Company or if paying via credit card the fire station can scan and email the form directly to the Knox Company. It takes approx. two weeks after the order is receive to receive the Knox box from the company. The box will be mailed directly to you. Once you have installed the Knox box, please contact the fire station on duty Captain to request they come to your location, open the box, and place the business door key you are providing into the box.

<http://www.knoxbox.com/store/Knox-Box-3200-Series.cfm>

Electrical:

Provide cover plates for electric outlets. Make sure there is no use of extension cords. Power surge protectors are allowed.

Commercial Cooking:

The hood system must have been serviced and tagged in the last six months; if not, have service performed. Clean grease filters.

Must have a 40BC extinguisher within 30 feet of cooking. Extinguisher system must remain operative at all times. Provide maintenance agreement with fire protection company to the Fire Department.

Gases:

Identify compressed gas cylinders. Secure compressed gas cylinders. Provide protection for gas meters. Indicate individual unit numbers on meter banks.

Inspections are done Monday - Friday, except holidays, between the hours of 10:00 am and 4:00 pm. The on-duty Boulder City Fire Department crewmembers perform the New Business Inspections. We try to give an approximate time of the appointment however, if there is an emergency call, the crew will try to be at your place of business as soon as possible after the emergency call.

FIRE DEPARTMENT REQUIRED PERMITS

A permit is required from the Boulder City Fire Department to engage in the activities or use products listed below. In some cases, the permit is required only when quantities exceed a threshold amount. Consult the Fire Department to determine if a permit is needed (293-9228).
Not limited to: All permitted items not listed.

Annual

Aerosol products
Aircraft refueling vehicles
Aircraft repair hangar
Assembly
Automobile wrecking yard
Battery system
Commercial rubbish handling
Compressed gases
Cryogen's
Dry cleaning plants
Dust producing operations
Flammable and combustible liquids
Hazardous materials
Hot work operations
LPG-storage and use
Lumber yard
Magnesium working
Motor vehicle fuel dispensing station
Ovens
Place of assembly
Radioactive materials
Refrigeration equipment
Repair garage, vehicles & boats
Monitoring station
Spray booth
Spraying and dipping
Tire storage
Wood products

One-Time

Asbestos removal
Bowling pin or alley refinishing
Candles and open flames
Carnival and fairs
Explosives or blasting agents
Fire alarm system-installation
Fire extinguishing system-installation
Fireworks
Gates, automatic
Parade floats
Pyrotechnic special events
Temporary membrane structures,
Tents and canopies