



102 South Main Street • Yerington • Nevada • 89447
PHONE: 775 463-3511 Website: www.yerington.net FAX: 775 463-2284

Business License Application Instructions

This office will assist you in obtaining your business license in a timely manner. All questions must be answered and all forms must be filled out. All fees need to be paid when the application is turned in.

Application Page: Please print or write legibly, completing each item.

Signature Page/Required Inspections:

- Mobile Business- We will obtain the signatures required.
- Business occupying a building-You must obtain inspections from the Building Department and the Fire Department.
- Food Related Business-Mobile or Stationary-You must obtain inspections from the Health Department.

We require **Final** approvals from each department before your application will be presented to the City Council.

Additional Applicants: List any additional applicants.

Certificate of Business: Fictitious Firm Name: State law requires this form be filed in each county that you do business in, if you are using any name other than your given name or your corporate name.

Nevada State Business License: You must have a current State Business License, or a letter of exemption. To apply call 775-684-5708 or go online to www.nvsos.gov (recommended) .

Nevada Department of Taxation Supplemental Information: For Sales/Use Tax. www.tax.state.nv.us

State of Nevada, Division of Industrial Relations: You must fill out this form. Choose whichever option applies to your business. You can sign this form in front of us **or** it must be notarized. Please include a copy of your current Workman's Comp. Certificate.

Child Support Information: The applicant must fill out this form.

Police Department Security Check: If you occupy a building please fill this out, if you are a mobile business please mark with N/A.

Fee Calculation Information: (no fees are refundable)

Application Fee: \$20.00
Short Term Project: \$50.00 Project to be completed within 30 Days.
Single Project: \$50.00 Single job to be completed within one year.
Fees for permanent business: Billed quarterly, amount to be determined by matrix below.

Category	Total number of employees employed by your company.			
	1	2-4	5-10	11+
A	\$15.00	\$30.00	\$60.00	\$120.00
B	\$30.00	\$60.00	\$120.00	\$240.00
C	\$50.00	\$100.00	\$200.00	\$300.00

Business Status: _____
Business Licenses # _____
Category # _____
(official use only)

**CITY OF YERINGTON
102 S. MAIN STREET
YERINGTON, NV 89447
775-463-3511**

APPLICATION FOR CITY BUSINESS LICENSE

ANTICIPATED DATE TO COMMENCE BUSINESS: _____
All questions on this application must be answered. Questions not applying to your business should be answered by "n/a" (not applicable).
Type or print with a ballpoint pen.

APPLICANTS: (List other partners on separate sheet)

1. Name: _____
Address: _____ P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone #: _____ Fax #: _____
Date of Birth: _____

2. Name: _____
Address: _____ P.O. Box : _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone #: _____ Fax #: _____
Date of Birth: _____

Name of Business: _____ Total Number of Employees: _____

Nature of Business: _____

Detailed Description: _____

Mobile Business: NO YES

Business requiring door to door sales: NO YES (*If Yes, Solicitors license required for each employee)

Liquor (of any type) sold or served? NO YES

Business Phone: _____ Business fax#: _____

Business Address (Location): _____

Business Address (Mailing): _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

If Corporation, what state: _____

Contractor's Lic. #: _____ Dept. of Taxation #: _____

I, certify and declare under the penalties of perjury; that I am the owner, partner, president (circle one), of the business named above; that this is a true, correct and complete report to the best of my knowledge, information and belief and that this report is made with the knowledge and consent of all other individuals named on this application. I also hereby authorize the city of Yerington to make any criminal or credit investigation concerning any matters of this application.

DATE: _____
APPLICANT SIGNATURE: _____

Business Status: _____
Business Licenses # _____
Category # _____
(official use only)

ADDITIONAL APPLICANTS:

3. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

4. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

5. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

6. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

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. _____ 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 _____

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 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.

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

____ 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 I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order or 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 I am not in compliance with the order or plan by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Name (Printed): _____

Applicant's Date of Birth: _____

Signature of Applicant

Date



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BUSINESS NAME: _____
ADDRESS: _____
BUSINESS TELEPHONE NUMBER: _____
OWNER/MANAGER: _____
HOME ADDRESS: _____
HOME TELEPHONE: _____
ALTERNATE PERSON: _____
ADDRESS: _____
TELEPHONE: _____

(To be notified in event you cannot be reached
and has access to building after closing hours)

1. Night lights left on: Yes: _____ No: _____
Location: _____

2. Person/s allowed on premises after closing: Yes _____ No: _____
Names: _____

3. Janitorial Service: Yes: _____ No: _____
Service Name: _____

4. Alarm System: Yes: _____ No: _____
Service Name: _____ Telephone: _____

5. Do you wish to have the Yerington Police Department continue to conduct business security checks of your establishment: Yes: _____ No: _____

If yes, it will be necessary for you or your representative to meet an officer at your business if a problem arises.

6. List on a separate sheet of paper any hazardous materials and their locations.

Thank you for your time and effort in helping us serve you better.
Yerington Police Department