



PERSHING COUNTY SHERIFF'S OFFICE

"To Serve and Protect"

JERRY ALLEN, Sheriff



PERSHING COUNTY BUSINESS LICENSE APPLICATION CHECK LIST

- 1. Pershing County Business License Application
- 2. Supplement to Pershing County Business License Application
- 3. Pershing County Planning and Building Form (if applicable)
- 4. Pershing County Child Support Form
- 5. State of Nevada Division of Industrial Insurance Regulation Form (DIIR25)
- 6. Proof of Liability Insurance and Workers Comp (if Applicable)
- 7. Copy of Nevada State Business License: To apply – www.nvsos.gov
- 8. Tax ID# on front page of Application: To apply – www.tax.state.nv.us
- 9. All forms must be completely filled out and signed by the applicant
- 10. Please return all Original forms with signatures.
- 11. There will be a \$10.00 application fee when turned in completed.
- 12. Check or Money Order made payable to: Pershing County Sheriff's Office

Fiscal Year	\$40.00	July 1 st to June 30 th
	\$30.00	Oct. 1 st to June 30 th
	\$20.00	Jan. 1 st to June 30 th
	\$10.00	April 1 st to June 30 th



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PERSHING COUNTY BUSINESS LICENSE APPLICATION

CHECK ALL APPROPRIATE BOXES

<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Add Location
<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	

Business Entity Type:

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Private Traded Corp Association	<input type="checkbox"/> Government Entity
<input type="checkbox"/> S Corp	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____
<input type="checkbox"/> Publicly Traded Corp	<input type="checkbox"/> Limited Liability Partnership	
	<input type="checkbox"/> Limited Liability Company	

CORPORATE/ENTITY NAME	NEVADA BUSINESS ID#	NEVADA DEPARTMENT OF TAX#
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CORPORATE/ENTITY TELEPHONE #	FAX #
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MAILING ADDRESS	PHYSICAL ADDRESS (IF SAME AS MAILING, WRITE SAME)
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P.O./Street Address	Street Address
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City/State/Zip+4	City/State/Zip+4
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EMAIL ADDRESS	WEBSITE ADDRESS
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List all Owners, Partners, Corporate Offices, Managers, Members, etc. (If individual ownership, list only one owner). Attach additional sheets if needed.

Last, First, M/I		Residence Address (Street)	Date of Birth
Title	Percent Owned:	City/State/Zip+4	Residence or Cell Phone
Last, First, M/I		Residence Address (Street)	Date of Birth
Title	Percent Owned:	City/State/Zip+4	Residence or Cell Phone
Last, First, M/I		Residence Address (Street)	Date of Birth
Title	Percent Owned:	City/State/Zip+4	Residence or Cell Phone

Local Contact (Last, First, M/I & Title)

Residence Address (Street, City, State, Zip+4)	Residence Phone	Cell Phone
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PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS

<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales-Used	<input type="checkbox"/> Adult Material/Activity	<input type="checkbox"/> Amusement Machines	<input type="checkbox"/> Registered Agent Financial Institutions
<input type="checkbox"/> Service	<input type="checkbox"/> Transportation	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Mortgage Brokers
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Leasing (Other than Employees)	<input type="checkbox"/> Gaming	<input type="checkbox"/> Banker
<input type="checkbox"/> Delivery	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> supply/Use Temporary Workers	<input type="checkbox"/> Health Services	<input type="checkbox"/> Other
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Tire Sales	<input type="checkbox"/> regulated by Federal State Permit Number _____		
<input type="checkbox"/> Domestic	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Environmental Discharge			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Retail Sales-New				

Describe in detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sales of major appliances to public 60%; repair 40%

If you have acquired a Nevada Business, Changed Ownership/Business Entity, or Have a new Federal Tax Number, complete this section:

Date Acquired/Changed	Acquired/changed by: ___ Purchase ___ Lease ___ Other	Portion Acquired/Changed ___ In Whole ___ In Part
Name of Previous Owner(s)	Previous Owner(s) Business Name	
Address (Street)		
Enter your previous Nevada Sales/Use Tax Permit Number, if applicable	Enter Previous Owner(s) ESD Account Number:	

Signatures must be that of a responsible Party: 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 the NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.

*Signature Responsible Party/Original	Print Name and Title	Date
*Sheriff's Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date

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



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BUSINESS LICENSE SUPPLEMENTAL

BUSINESS NAME & OWNER: _____

ASSESSOR'S PARCEL # (APN): _____ PHONE #: _____

BUSINESS ADDRESS: _____

EMPLOYERS INSURANCE, COMPANY NAME: _____

ACCOUNT #: _____

NEVADA STATE CONTRACTOR'S LICENSE #: _____

NEVADA DEPARTMENT OF TAXATION #: _____

STATE OF NEVADA BUSINESS LICENSE #: _____

NV STATE HEALTH DEPT.: _____ APPROVED DENIED
ELLEN KUNZ SIGNATURE
775-623-6588

FIRE INSPECTOR: _____ APPROVED DENIED
RODNEY WILCOX SIGNATURE
775-544-5630

BUILDING INSPECTOR: _____ APPROVED DENIED
JAMES EVANS SIGNATURE
775-273-2700

ALL SIGNATURES OF INSPECTING DEPARTMENTS MUST BE OBTAINED BEFORE YOUR APPLICATION CAN BE APPROVED. IT IS YOUR RESPONSIBILITY TO CALL AND MAKE THE INSPECTION APPOINTMENTS WITH EACH DEPARTMENT.

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

Business Name (Include any name doing business as) **Type of Business** **Business Telephone Number**

Business Address **City** **State** **Zip Code**

Federal Identification No. (EIN #) **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 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 616S 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.



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PLANNING & BUILDING DEPARTMENT

PROPERTY INFORMATION TO ACCOMPANY BUSINESS LICENSE APPLICATION:

BUSINESS NAME: _____

OWNER NAME: _____ PHONE #: _____

PARCEL NUMBER (FROM ASSESSOR'S RECORDS): _____

TOTAL ACREAGE OF PROPERTY: _____

NUMBER OF DWELLINGS EXISTING AND PROPOSED: _____

TYPE OF BUSINESS: _____

1. Number of employee's: _____

2. Number of vehicles expected at one time: _____

3. Distance to nearest neighbor: _____

4. Type of water system to be used: _____

5. Type of sewage disposal system to be used: _____

PLEASE ENCLOSE A PROPERTY SITE PLAN

Cleared with Planning and Zoning – Approved

Signature: _____ Date: _____

Additional Terms and Conditions Needed before Approval:



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CHILD SUPPORT INFORMATION

PLEASE MARK THE APPROPRIATE RESPONSE:

(Failure to mark one of the three will result in denial of your application)

- I AM NOT subject to a court order for the support of a child.
- I AM subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owned pursuant to the order; or
- 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 owned pursuant to the order.

Applicant's Social Security Number: _____

Applicant's Signature: _____

Applicant Please Print Name: _____

Date: _____

THIS FORM MUST BE FILLED OUT AND SIGNED BEFORE A BUSINESS LICENSE WILL BE ISSUED