



City of Lovelock

400 14th Street, PO Box 238 Lovelock, NV 89749
Phone: 775-273-2356 Fax: 775-273-7979

BUSINESS LICENSE CHECKLIST

- **BUSINESS LICENSE APPLICATION.** Please complete the form in its entirety.
- **STATE BUSINESS LICENSE:** You must register with the Nevada Secretary of State for a Nevada state business license. You may register online at www.nvsilverflume.gov. You may also register in person at the Nevada Secretary of State, 202 N. Carson Street, Carson City, Nevada. If you have any question regarding a Nevada state business license, please contact them at 775-684-5708. You will need to provide a copy of your proof of registration with this application.
- **SALES AND USE TAX PERMIT.** You must register with the Nevada Department of Taxation by completing the sales and use tax permit registration online at www.nvsilverflume.gov. You may also register in person at the Nevada Department of Taxation, 4600 Kietzke Lane, Building "L", Suite 235, Reno, Nevada. If you have questions regarding the sales and use tax permit, please contact them at 866-962-3707. You will need to provide a copy of you proof of registration with this application.
- **STATE INDUSTRIAL INSURANCE:** You must provide proof of Worker's Compensation Insurance or complete a Nevada Industrial Insurance affirmation of compliance, even if you have no employees. If you have questions, please contact the Nevada Industrial Insurance, 400 West King Street, Suire 400, Carson City, Nevada or at 775-684-7260. You will need to provide a copy of coverage or the completed compliance form with this application.
- **CERTIFICATE OF PROFESSION.** If you have a Certificate of Profession (i.e. Contractor's License, Child Care, Practitioner, Liquor Distribution/importation, Gamin, DMV registration/license, Cosmetologist, etc.) You will need to provide proof of any required licenses with this application.
- **CHILD SUPPORT STATEMENT:** You must complete the Child Support Compliance Statement, included in this packet.
- **OTHER LICENSING (Liquor)** If you business will be serving or selling alcohol, you must complete the Liquor License Application.
- **STATE HEALTH PERMIT.** A State Health Permit is required for all businesses handling food, beverages, or cosmetics. Please contact the Nevada Department of Health and Human Services at 775-423-2281
- **HOME OCCUPATION SPECIAL USE PERMIT:** A home-based business must have this permit from the Planning Department if the home is located in a residentially zoned district. You will need to provide this permit with this application.
- **FEES:** The business license fee must be paid before your license will be issued.

IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO ACQUIRE ANY OTHER LICENSES OR SPECIAL PERMITS REQUIRED FOR HIS/HER PROFESSION.

CITY OF LOVELOCK
PO BOX 238 400 14th Street
Lovelock, NV 89419
Phone (775) 273-2356 Fax (775) 273-7979

CHILD SUPPORT COMPLIANCE STATEMENT

In compliance with State and Federal law, applicants applying for a Business License are required to complete and submit this Child Support Information Statement with their Business License Application. Failure to complete this form will be an automatic denial of any license, certificate of permit that you are applying for.

- () 1. I am no 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 in compliance with the order or 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 **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. ****Note: If you have marked this response, you should contact the District Attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the Order.**

I certify, under penalty of perjury to the truth and accuracy of all statements contained herein.

Signature: _____

Printed Name: _____

Social Security Number: _____

Date: _____

**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

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

**AFFIDAVIT OF APPLICANT FOR LICENSE TO
SELL RETAIL MERCHANDISE**

Pursuant to Nevada Revised Statutes (NRS) 364.110, the undersigned being first duly sworn on oath, depose and say under the penalty of perjury that:

- _____ I/we are not engaged in business under a fictitious name.

- _____ I/we are engaged in business under a fictitious name and have complied with the provisions of NRS 602 entitled Doing Business Under Fictitious Name.

- _____ I/we are engaged in business under a fictitious name and have not complied with the provisions of NRS 602 entitled Doing Business Under Fictitious Name.

- _____ There has been no change in ownership in the business during the preceding calendar year.

- _____ There has been a change in ownership in the business during the preceding calendar year and the change was made in compliance with the provisions of NRS 104, the Nevada Uniform Commercial Code.

- _____ There has been a change in ownership in the business during the preceding calendar year and the change was not made in compliance with the provisions of NRS 104, the Nevada Uniform Commercial Code.

Dated this _____ day of _____, 20_____.

Name

Name

Address

Address

STATE OF NEVADA,)

ss.

COUNTY OF _____)

Subscribed and Sworn to before me this _____ day of _____, 20____,

NOTARY PUBLIC/CLERK

(This form must be submitted at the time of applying for a license)

Fictitious Firm Name

Pershing County Clerk/Treasurer Office

Instructions For Filling Fictitious Firm Name

In accordance with Chapter 602 of the Nevada Revised statutes, every person, corporation, firm and general partnership conducting, carrying on or transacting business in the state of Nevada under an assumed or fictitious name or designation, must file with the County Clerk of each county in which the business is being carried on, or is intended to be carried on, a Certificate of Business: Fictitious Firm Name.

The certificate must contain the following:

1. The name of the business.
2. The physical and mailing address of the business.
3. The type of business to be conducted.
4. The name(s) of the corporation or person(s) conducting the business, and the address(es) of the corporation or person(s) conducting the business.

The certificate must be signed by an officer of the corporation or by each person interested in, or conducting or carrying on such business. Signatures must be acknowledged before an officer authorized to do so (Notary Public).

Upon filing the certificate with the County Clerk, a **filing fee of \$25.00 is required.**

At this time, Fictitious Firm Name Certificates do not expire.

Copyright © 2021 Pershing County, NV. All Rights Reserved.

Website: www.pershingcounty.com

Certificate of Business: Fictitious Firm Name

Please Select One:

- New Application
 Update

Please Print or Type

The undersigned do/does hereby certify that _____
(Name of individual, corporation, partnership or trust)

with a mailing address of _____

is/are conducting a _____ business
(Type of Business)

at _____, Nevada under the fictitious name of
(Physical Address)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows, to wit:

(1) _____
Full Name and Title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(2) _____
Full Name and Title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(3) _____
Full Name and Title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(4) _____
Full Name and Title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

STATE OF _____)
)ss.
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____

Known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that _____ executed the same freely and voluntarily, and for the uses and purposes therein stated.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my Official Seal the day and year in this Certificate first above written.

Notary Public/County Clerk in and for said county and state