



# City of Lovelock

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

MUST  
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back

## 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](http://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](http://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 14<sup>th</sup> Street**  
**Lovelock, NV 89419**  
 Phone (775) 273-2356 Fax (775) 273-7979  
**BUSINESS LICENSE APPLICATION**

Application Type      New      Owner Change      Name Change      Manager Change      Location Change

Application Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Applicant's Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

Business Entity Type: ( ) Sole Proprietor ( ) Partnership ( ) Limited Liability Company ( ) DBA  
 ( ) Corporation ( ) Association ( ) Other: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Owner (s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Federal Tax ID: \_\_\_\_\_ NV Business License #: \_\_\_\_\_  
 Sales/Use Tax ID: \_\_\_\_\_ Nevada Contractor #: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

**Please fill in the following only where applicable:**  
 For Motels/Hotels - # of Units/Rooms \_\_\_\_\_ For Car Wash - # of Bays \_\_\_\_\_  
 For Trucking - # of Vehicles: \_\_\_\_\_ For Trailer Court - # of Hookups \_\_\_\_\_  
 For Barbers/Salons - # of Operators \_\_\_\_\_ For Merchants - Inventory Amount \_\_\_\_\_

**I certify that the business stated above, anticipates annual gross sales of:**

	License Fee	6 months	1 year
( ) Between \$0.00 to \$5,000.00		\$23.00	\$46.00
( ) Between \$5,001.00 to \$10,000.00		\$34.00	\$68.00
( ) Between \$10,001.00 to \$15,000.00		\$46.00	\$92.00
( ) Between \$15,001.00 to \$20,000.00		\$68.00	\$136.00

( ) Amount exceeding \$20,001.00 is \$5.00 per each \$10,000.00 in excess of \$20,000.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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: \_\_\_\_\_

**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)

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
(Pursuant NRS 244.33505 and NRS 268.0955)

<b>Business Name (Include any name doing business as)</b>	<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 Number</b>		<b>Contractor's Board License Number</b>	
<b>Name of Principal Owner (Please Print)</b>		<b>Principal Owner's Telephone Number</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):

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 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 \_\_\_\_\_

1. If executed in Nevada: Pursuant to Nevada Revised Statutes (NRS) 53.045, I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

2. Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on \_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

Form instruction and general information:

1. The top section will be completed with information about the business and ownership.
2. The middle section consists of three boxes. Only one box must be checked. Check the first box, if the business has obtained workers' compensation insurance. Please provide the insurance policy effective date and policy number where indicated. Check the second box, if the business meets one of the statutory exemptions or the business has no employees nor hires any contractors/sub-contractors. Check the third box, if the business is self-insured with a valid certificate of insurance. Please provide the self-insured policy effective date and certificate number where indicated.
3. The next to bottom section please check the appropriate box indicating the license application type. Provide applicant information as indicated.
4. The bottom section contains two signature lines. Only one applicant signature and date will be provided. If the form is executed in Nevada, applicant will sign and date the first line. If the form is executed outside of Nevada, applicant will sign and date the second line.

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.