



CITY OF CARLIN
151 S. 8th STREET PO BOX 787
Carlin, NV 89822

Phone: (775) 754-6354 Fax: (775) 754-6912

BUSINESS LICENSE APPLICATION

OFFICE USE ONLY

BUS LIC #

RECEIVED

Business Name: _____			
Physical Address: _____			
	City	State	Zip
Mailing Address: _____			
(If different from physical address)			
	City	State	Zip
Email Address: _____			
Business Phone: (_____) _____ - _____		Business Fax: (_____) _____ - _____	
Contact Person: _____		Contact #: (_____) _____ - _____	
Business Classification: _____			
NV Sales Tax # (if applicable) _____			
NV Business License ID: _____			
Contractor's License # (if applicable): _____			
Owner Name: _____			
Owner Address: _____			
	City	State	Zip
Manager Name: _____			
Manager Address: _____			
	City	State	Zip
Date of Operation: _____			
License Fee: _____		Paid: _____	

If your business is going to be conducted in a building in the City of Carlin, an inspection may be required by the Building Department, State Fire Marshall, and/or the Nevada Division of Public and Behavioral Health before your license is granted. If your business is going to be conducted from your home, you may be required to obtain a "Home Occupation Special Use Permit".

In accordance with the Carlin City Code 5-1-1, I hereby apply for a business license. I hereby promise that if said license is granted, the licensee shall and will comply with all the Ordinances of the City of Carlin and Statutes of the State of Nevada, now in effect or which may hereafter be enacted for the regulation and control of such business. I certify that the information provided is true, correct, and complete to the best of my knowledge and belief. Signatures must be original and that of the responsible party.

Signature

Date

Printed Name & Title