

# Pershing County Planning & Building Department

## Business License Division

398 Main Street / PO Box 1656 Lovelock, NV 89419 (775) 273-2700 Fax: (775) 273-3617

---

### PERSHING COUNTY BUSINESS LICENSE APPLICATION CHECK LIST

- 1. Pershing County Business License Check List
- 2. Pershing County Business License Application
- 3. Supplement to Pershing County Business License Application
- 4. State of Nevada Division of Industrial Insurance Regulation Form (D-25)
- 5. Instructions for the Liability Insurance form
- 6. Pershing County Planning and Building Form (If applicable)
- 7. Pershing County Child Support Form
- 8. Proof of Liability Insurance and Workers Comp (If Applicable)
- 9. Copy of Nevada State Business License: To apply – [www.nvsos.gov](http://www.nvsos.gov)
- 10. Tax ID# on front page of Application: To apply – [www.tax.state.nv.us](http://www.tax.state.nv.us) (Phone #775-687-9999) Copy of Tax Clearance Letter with Tax ID #
- 11. Copy of State of Nevada Contractors License (If Applicable)
- 12. **All forms must be filled out completely and signed by the applicant**
- 13. Please return **all original forms with signatures.**
- 14. There will be a \$10.00 application fee when turned in completed.
- 15. Check or Money Order made payable to: Pershing County Planning & Building Department

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

# Pershing County Planning & Building Department

## Business License Division

398 Main Street / PO Box 1656 Lovelock, NV 89419 (775) 273-2700 Fax: (775) 273-3617

### 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	

<b>CORPORATE/ENTITY NAME</b>	<b>NEVADA BUSINESS ID#</b>	<b>NEVADA TAX ID#</b>
------------------------------	----------------------------	-----------------------

--	--	--

<b>CORPORATE/ENTITY TELEPHONE #</b>	<b>FAX #</b>
-------------------------------------	--------------

--	--

<b>MAILING ADDRESS</b>	<b>PHYSICAL ADDRESS (IF SAME AS MAILING, WRITE "SAME")</b>
------------------------	--

P.O./Street Address	Street Address
---------------------	----------------

City/State/Zip+4	City/State/Zip+4
------------------	------------------

<b>EMAIL ADDRESS</b>	<b>WEBSITE ADDRESS</b>
----------------------	------------------------

--	--

#### 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
--	--	-----------------	------------

#### 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"/> Tobacco	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Leasing (Other than Employees)	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Mortgage Brokers
<input type="checkbox"/> Delivery	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Supply/Use Temporary Workers	<input type="checkbox"/> Gaming	<input type="checkbox"/> Banker
<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"/> Health Services	<input type="checkbox"/> Other
<input type="checkbox"/> Domestic	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Environmental Discharge		<input type="checkbox"/> Bar	
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Retail Sales-New	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Mobile Kitchen (Food Truck)		

**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%**

# Pershing County Planning & Building Department

## Business License Division

398 Main Street / PO Box 1656 Lovelock, NV 89419 (775) 273-2700 Fax: (775) 273-3617

**Continued from page above:**

**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: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other	Portion Acquired/Changed <input type="checkbox"/> In Whole <input type="checkbox"/> 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 filling.**

*Signature Responsible Party/Original	Print Name and Title	Date
*B.L. Director Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date

**ORIGINAL SIGNATURES REQUIRED BY AGENCIES – KEEP A COPY FOR YOUR RECORDS**



# Pershing County Planning & Building Department

## Business License Division

398 Main Street / PO Box 1656 Lovelock, NV 89419 (775) 273-2700 Fax: (775) 273-3617

---

### 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 #: \_\_\_\_\_

CENTRAL NV HEALTH: \_\_\_\_\_  APPROVED  DENIED

DAREN WINKELMAN SIGNATURE

775-867-8181

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**  
(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.

**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:**

---

---

---

---

---

---

---

---

**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**

