



CITY OF RENO BUSINESS LICENSE APPLICATION

1 East First Street, 2nd Floor Reno, NV 89501

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website: www.reno.gov | online portal: www.onenv.us | email: businesslic@reno.gov

Type or print in blue or black ink. Applications are accepted by email, mail, in person or at www.onenv.us

1. Application Date: _____ 20____ 2. Business Start Date (in Reno): _____ 20____

3. Corporate Name: _____

4. Doing Business As (DBA): _____

5. Licensee's Full Name: _____ 6. Date of Birth: _____
(Must be an owner/officer/director/manager/member of business)

7. Federal Tax ID# (EIN): _____ 8. Business Phone: _____
(Required if LLC/Corporation)

9. Physical Business Address: _____ 10. Alternative Phone: _____
 City: _____ ST: _____ Zip: _____ E-Mail: _____

11. Business Mailing Address: _____ City: _____ ST: _____ Zip: _____
(If different than physical address)

12. By checking this box, I agree to receive paperless notifications, such as renewals, licenses, etc.

13. Entity Type: Sole Proprietor Partnership LLC Corporation Non-Profit (Provide 501C Exemption)

14. Describe the nature of the business, products to be sold, services to be rendered, etc.

15. First year's estimated gross receipts (Reno only): \$ _____

16. If your business is based on rental units: (including, but not limited to: apartments, hotel, mobile homes, etc.)

Location of Rentals: _____ Number of Rental Units: _____

17. List individuals with ownership or interest in the business:

Full Name	Address	DOB

18. Has any applying individual, or any member of this applying firm, has been convicted in this state, or elsewhere, within the past ten years of any offense, not including minor traffic offenses? YES NO

If Yes, please state the offense(s), the year of conviction, and the punishment assessed therefore. _____

I, the undersigned, understand that: (1) it is unlawful for any person to transact or conduct any business without first having obtained a business license; (2) this document is an application only and certain conditions must be met before a business license will be issued; (3) I certify under penalty of perjury that the information submitted on and with this application is true and correct to the best of my knowledge.

19. Signature: _____ Title: _____ Date: _____

FOR INTERNAL USE ONLY: Commercial Home Based NIC Non-Profit				Business License Recommendation	License Number
Fees Paid:	Business Activity:				
Date Paid:	Effective Date:				
Parcel #:	Expiration Date:				

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

Business Name (Include any name doing business as)		Type of Business	Business Telephone Number
Business Address	City	State	Zip Code
Federal Identification Number		Contractor's Board License Number	
Name of Principal Owner (Please Print)		Principal Owner's Telephone Number	
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 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.