



CITY OF RENO BUSINESS LICENSE APPLICATION

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

P.O. Box 1900 Reno, NV 89505

phone: 775.334.2090 | fax: 775.334.1212

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

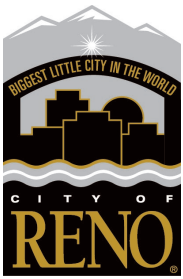
18. Has any applying individual, or any member of this applying firm, has been convicted in this state, or elsewhere, within the past ten years of any offense, not including minor traffic offenses? YES NO

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:				



CITY OF RENO BUSINESS LICENSE REVIEW FORM

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

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APPLICANT MUST MARK ALL QUESTIONS BELOW

The following information is mandatory and will be used to determine fees and inspections required to process your business license application. Incomplete forms will not be accepted. Prior to applying for a business license, we recommend verifying your proposed business use is permitted for the zoning district in which you plan to locate by calling the Planning Division at 775-321-8309 or planning@reno.gov. Additional permits may be required by the respective department at the time of inspection.

BUILDING/ZONING DIVISION:

1) Is this business location in a commercial or residential structure?	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
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If **residential** is marked, read and initial the following disclaimer:
I have received and read the home-based business criteria & certify I will maintain compliance with these & all regulations to preserve the validity of my business license.

Initials here: _____
(skip to Fire Prevention Division)

2) Are you the first tenant in a new building?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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3) Are you changing the use of a building or suite? <i>Examples include, but are not limited to: garage to office, office to deli, retail to salon, etc.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Specify changes:

4) Are you making any construction improvements to the space? <i>Examples include, but are not limited to: Adding or removing doors, walls, windows, adding sinks or electrical outlets, etc. Exclude any cosmetic improvements such as carpet or painting</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Specify changes:

5) Will your business be operating within the hours of 6:00 AM to 11:00 PM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If **no**, provide the proposed hours of operations: From: _____ To: _____

6) Is this space a warehouse, distribution center, or manufacturing facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If **yes**, what is the square footage? *A lease must be provided as a supplement* _____ Sq Ft

7) Will you be operating a mobile food vending business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If **yes** is marked, read and initial the following disclaimer:
I have read and received Reno Municipal Code 4.05 and certify I will maintain compliance with these & all regulations to preserve the validity of my business license.

Initials here: _____

FIRE PREVENTION DIVISION:

1) Are you renting a booth/space from an existing or already established business? <i>Examples include, but are not limited to: executive suites, massage therapist, tattoo parlor, etc.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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2) Does your suite or office have an exterior door?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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3) Are you using your residence for any type of child care or adult care facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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NORTHERN NEVADA PUBLIC HEALTH:

1) Are you going to be serving or selling food to the public in any fashion?

Examples include, but are not limited to: vending, bar, restaurant, catering, mobile food unit, grocery, warehouse YES NO

2) The following list of business types may require a health permit/inspection. If applicable, select the appropriate boxes.

 Apartment Rental complex with pool/spa Recycling business or center Childcare School Hotel/Motel Solid waste hauling Liquid Waste Hauling Invasive body decoration Medical Waste Temporary food events Medical/Doctor/Dental Office Mobile home park Pool/Spa – Open to the public Waste tire hauling Chemical storage/mfg of waste generation Mobile operations, carpet cleaning**ENVIRONMENTAL CONTROL DIVISION:**

Per Reno Municipal Code 12.16, commercial/industrial type sewer uses are required to be inspected to determine what impact the operation might have on the sewer and storm drain systems. In general, if your business falls into one of the following types of commercial establishments, you may need an annual Environmental Control Permit and annual inspection. If applicable, select the appropriate boxes.

 Auto repair, paint shop, or body shop Prepare, sell, serve, or clean up of food for human or animal consumption Replacement fluid for autos or trucks Convenience store Car wash Bar/serving liquor Facility with sand-oil interceptor Facility containing any kitchen equipment, grease interceptor, or grease traps Facility with X-Ray using chemical fixer or developer Manufacturing facility Silk screening, photo facility or studio Painting, metal finishing, or powder coating Printing facility Dry cleaning or commercial laundry Mobile Operations Dental office Storage of products, hazardous substance and/or waste generation that may be harmful to the environment*Examples include, but are not limited to: waste oil, transmission fluid, solvents, thinners, organic liquids, acids, alkaline material, X-Ray fixer, etc.*

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.

Licensee Signature: _____ Date: _____

For Office Use ONLY:

Previous Business and Status: _____ License Number: _____

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.