

CHURCHILL COUNTY BUSINESS LICENSE APPLICATION

Date of Application: _____

Applicant's Name: _____ Position/Title: _____

Business Name: _____ Business Phone No.: _____

Business Address: _____ Parcel No.: _____ Zoning: _____

Mailing Address: _____

Type of Business: _____

For business locations in Churchill County only:

Are you the owner of the property where the business will be located? Yes No

If **no**, for a **home based business** you must furnish a letter from the property owner stating you have permission to operate a business from the parcel.

Are you planning on putting up a sign? Yes No

If **yes**, please check with both the Planning Department and the Building Department for sign requirements and permits.

Please indicate if this will be issued under one of the following types of permits, if applicable:

Special Use Permit Conditional Use Permit Non-Profit Agriculture or None

For All Businesses, please check and complete the following:

New Business Change of Ownership If so, previous owner: _____

Change of Business Location If so, prior location: _____

Change of Business Name If so, prior business name: _____

Please check and provide documentation of the following:

Sole Proprietorship Partnership Corporation Association LLC

A **Certificate of Fictitious Name** must be filed with the Churchill County Clerk/Treasurer's Office for any business operating under an assumed name per NRS 602.

If **Corporation**, **Association** or **LLC**, you must furnish a printout of the filing on the Nevada Secretary of State's website to show the entity name as registered, the filing status, and the expiration of the state business license.

**IF BASED OUTSIDE OF THE JURISDICTION BOUNDARIES OF CHURCHILL COUNTY,
A COPY OF YOUR BUSINESS LICENSE FROM THAT LOCATION IS REQUESTED.**

Please check all that apply to your business and furnish copies of these documents or exemptions:

NV State Contractor's License NV Department of Motor Vehicles Garage or Dealer's License

NV State Health Permit NV State Child Care License **Worker's Compensation Ins.**

Liquor License Gaming License Brothel License Certificate of Profession Other

Nevada State Business Registration

Nevada State Taxation Permit

NV Business ID# _____

NV Tax ID# _____

I declare under penalty of perjury that the aforementioned information and attached documentation is true, correct and current.

SIGNATURE OF APPLICANT

DATE

BUSINESS LICENSE FEE: \$125 for a year based upon calendar quarters OR \$50 for each calendar quarter

AMOUNT PAID: _____

DEPARTMENT USE ONLY

Business License Fee: _____ (Annual/Quarterly) or Fee Waived: Effective Date: _____

B/L Account Number: _____ If applicable, Permit Type: _____ Permit Number: _____

C.C. Building Dept.: _____ Date: _____

C.C. Fire Dept.: _____ Date: _____

State Health Official: _____ Date: _____

C.C. Business License Dept.: _____ Date: _____