

Business Name: _____ Acct Number: _____

Phone: (_____) _____ - _____ License Dates: _____ to _____

Annual License Type: _____ Fee \$ _____
Annual License Type: _____ Fee \$ _____

**** In County ONLY:** **** Employees:** _____ Fee \$ _____
If NOT Exempt **** Square Feet:** _____ Fee \$ _____
Calculate Employees, Footage and Units **** Commercial Units:** _____ Fee \$ _____

ANNUAL / Renewable TOTAL: \$ _____

ANNUAL FEE

- \$ **700.00** - Fortunetelling, Palmistry
- \$ **75.00** - **General** - (Businesses located in Storey County)
(Requires Building + Fire & Life Safety Inspections)
- \$ **100.00** - **Home Business** (Exempt from Calculations)
(Located in Storey County / Home Occupation Sheet)
- \$ **100.00** - **Contractors, Professionals**
(Copy of NV License or if NOT, Professional License)
- \$ **135.00** - **Massage/Therapeutic Services**
(Need proof-schooling)
- \$ **475.00** - **Mining**, Excavation, Earth-Moving/Processing
- \$ **.00** - **Non-Profit** - Proof of 501.c(x) Status
- \$ **75.00** - **Out of County** (Except Contractor)
- \$ **250.00** - **Pawn** - (+100.00 if accept Motor Vehicle)
- \$ **475.00** - **Subdivision** - Sales (Commercial)
- \$ **100.00** - **Transportation** - Companies

FOR: Alarms, Child Care, Escort, Gaming, Liquor, Prostitution, Solicitation (Door to Door) and Utilities
MAKE APPLICATION with the SHERIFF's Business Office
P O Box 498 – Virginia City NV 89440 – (775) 847-0959

For businesses located In-County ONLY – Include:

**** Employees** - (includes persons engaged in the business i.e., Partners or Co-Owners, etc.)

1 to 5	\$ 25.00
5 to 10	\$ 40.00
11 to 25	\$ 75.00
26 to 50	\$ 125.00

Over 50 = \$ 125.00 + \$ 2.00 for each additional employee
EXEMPT - Brothels, Cabaret, Fortunetelling, Special Events, Independent Contractors, Home Occupation, Out-of County.

**** Square Feet** (Building or Site)

1 to 1,999	\$ 15.00
2,000 to 2,999	\$ 31.00
3,000 to 4,999	\$ 63.00
5,000 to 7,499	\$ 94.00
7,500 to 9,999	\$ 125.00
10,000 to 24,999	\$ 188.00
25,000 to 99,999	\$ 250.00
100,000 to 499,999	\$ 500.00
500,000 +	\$ 1,000.00

EXEMPT - Brothels, Cabaret, Fortunetelling, Special Events, Independent Contractors, Home Occupation, Out-of-County.

**** Units** – *Commercial ONLY*
\$ 2.00 Per unit fee for apartments, storage units, RV & MH spaces, pay-parking lot spaces. Must also have a General License.
EXEMPT - the rental of three (3) or less Residential Units

Handing out **FLYERS** on the street is **prohibited** by Storey County Code - Must go to County Commissioners.

HANDYMAN: Must charge hourly rate; Shall Not Bid Jobs without a Contractor's License or Charge for Materials; NO Structural Framing; NO Electrical; NO Plumbing; NO Mechanical and NO Commercial Construction. NO work can be done that is a violation of NRS Chapter 624.

Quarters to Pay : _____ \$ _____

One-Time APPLICATION Fee: \$ **100.00**

TOTAL payable to Storey County Business License with APPLICATION: \$ _____

Storey County Community Development BUSINESS LICENSE APPLICATION

Office Use Only:

DATE: _____ ACCOUNT NUMBER: _____ LICENSE DATES: _____ to _____

FEES SUBMITTED: \$ _____ LIC CLASS: _____ SQ. FT: _____ EMP: _____

HOME OCCUPATION: YES No NV Contr # _____ Exp _____ Limit _____INSPECTION Required: YES No Other Requirements: _____

1. New Business Change in Ownership Change in Location Adding Name to Business

2. Corporation Name: _____ 3. NV Tax ID: _____
NV Business License: _____

4. Corporate Address: _____ Business Ph: (____) _____ Fax (____) _____

5. **Doing Business in Nevada as:** _____ Email: _____

6. Mailing Address: _____

7. Location of Business Operations: _____

8. Location of Business Records: _____ Phone # (____) _____

9. Location Business License is Displayed: _____

10. Name of Owners(s), Partners, Corporate Officers, Etc. (If individual Ownership, list only one Owner.)
Name: (Last, First, MI) _____ **Residence:** (Address, City, State Zip) _____
Title: _____ **Residence Telephone #** (____) _____
Name: (Last, First, MI) _____ **Residence:** (Address, City, State Zip) _____
Title: _____ **Residence Telephone #** (____) _____
Name: (Last, First, MI) _____ **Residence:** (Address, City, State Zip) _____
Title: _____ **Residence Telephone #** (____) _____

11. Name of Local Contact: (Last, First, MI) _____ **Residence Address:** (Street, City, State Zip) _____
Title: _____ **Residence Telephone #** (____) _____

12. Date Business Started in Nevada _____ **In-County ONLY:** Commercial Building Sq Ft _____ Number of Units _____ Number of Employees _____

13. Describe the Nature Your Business: _____

14. If you have acquired a Nevada Business or Changed ownership, please complete this section:
Date Acquired: _____ Name(s) of Previous Owner(s): _____

NOTE: You are not authorized to conduct any business in Storey County until all requirements for this Business License are fulfilled.

I CERTIFY THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name: _____

Signature: _____

Date: _____

Official Use Only: TEMPORARY Business License Issued: Yes No DATE _____

INSPECTION Required: Yes No Date Inspection Turned in: _____

DATES: Building Dept Approval: _____ Fire Dept Approval: _____ Health Dept. Approval: _____ Other: _____

Commissioner Meeting: 1st READING Date: _____ APPROVAL Date: _____

NOTES: _____

Storey County

CHILD SUPPORT INFORMATION

For In-County Businesses **ONLY**

Please mark the appropriate response (*failure to mark one of the three will result in denial of the 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 am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed 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 owed pursuant to the order.

Applicant's Social Security Number: _____

Applicant Signature: _____

Date: _____

2011 / 2012
Storey County
DISPATCH CENTER INFORMATION

<u>REQUIRED</u>		
Business License Account #: _____		
Sq. Ft.: _____	# Employees: _____	Units: _____

Please complete ALL applicable information. Return ASAP.

We need the following information on record at the Storey County Dispatch Center for emergency response. This information will help in getting viable and accurate response to your place of business in case of an emergency. As a safeguard to your business please keep a copy of this form on file and call Storey County Dispatch Center, as information needs to be updated.

Business name: _____

Physical address of business: _____

Business Phone Number: (____) _____ Email: _____

Corporate Name (if different than above): _____

Corporate main office phone number (if different than above): (____) _____

Does this business produce hazardous materials? YES NO _____

If yes, what type? _____

What is the address at the rear of the building? _____ NONE

Is this a residence? YES NO _____

Name of **ALARM** Company: _____

Alarm Company phone number(s): _____

Type of ALARM: Burglary Fire Medical Panic Silent Audible

Is this alarm system **monitored**? YES NO Does this alarm **reset itself**? YES NO

On the premises? DOG GUN NEITHER

Emergency Contact Information:

1. Name of **Responsible** contact: _____

Emergency contact phone number/s: Home (____) _____ Cell (____) _____

Connection to the business: _____

Does this person have a key to the business and is willing to respond in case of an emergency? Yes No

2. Name of **Responsible** contact: _____

Emergency contact phone number/s: Home (____) _____ Cell (____) _____

Connection to the business: _____

Does this person have a key to the business and is willing to respond in case of an emergency? Yes No

3. **Building Owner** name: _____

Emergency contact phone number/s: Home (____) _____ Cell (____) _____

Connection to the business: _____

Does this person have a key to the business and is willing to respond in case of an emergency? Yes No

Does the **Sheriff's Department** have a key to this building? Yes No

Signature Print Name Date

STOREY COUNTY FIRE / LIFE SAFETY
In-County
BUSINESS LICENSE APPLICATION REQUIREMENTS

For Information Contact:
Storey County Building Department at (775) 847-0966 OR
Fire Plans Examiner, Patty Blakely at (775) 315-9974

TITLE: Storey County Fire Department and/or Storey County Fire Protection District **POLICY** for business license application.

PURPOSE: All “In-County” businesses applying for license in Storey County shall have the premises reviewed and inspected to current Fire and Life Safety standards.

SCOPE: Current Fire and Life Safety standards shall apply to the construction, alteration, moving, demolition, repair and use of any building or structure within the jurisdiction which is required to obtain a business license.

APPLICATION to EXISTING BUILDINGS and STRUCTURES

A. GENERAL: Buildings and structures which require a license to conduct business in this jurisdiction shall provide plans for Fire and Life Safety review to the Storey County Fire Department and/or the Storey County Fire Protection District office(s), pay a fee based on the valuation of the building changes, if any, (see scope above) before use or occupancy.

EXCEPTION: Any new business license application which is the result of the purchase of an **existing business** where the existing business will continue **unchanged** with regard to type of products or services performed, i.e., use and occupancy is not required to provide plans for review, unless the purchase includes the **building or structure or legal property**.

B. EXISTING OCCUPANCIES:

(1) Businesses in existence at the time of adoption of this policy may have their existing use or occupancy continued, if such use or occupancy was legal at the time of adoption of this policy, provided such continued use is **not dangerous** in regards to Fire and Life Safety.

(2) All changes to existing businesses shall be reviewed for Fire and Life Safety standards and those changes shall include remodel, repair, improvement, alteration or different floor display arrangement.

EXCEPTION: If in the opinion of the Fire Chief or his duly authorized agent, the changes **do not** impose any hazard to Fire and Life Safety requirements.

Effective date of this policy: January 30, 1985
Revised: January 4, 2000

In-County Businesses INSPECTIONS

ALL businesses located in Storey County require inspection by Storey County Building and Fire Departments and, in the case of food-prep businesses, by Nevada State Health (see attached form **example**).

Requirements:

- 1) Submit Business License application with appropriate fee;
- 2) To schedule an inspection once your business is totally set up and you are ready to open, please contact:
Building Dept – Shannon Gardner at 742-1960 or 847-0966;
Fire Dept – Patty Blakely at 847-0954 or 315-9974; and, if required
State Health – Deborah Green at 687-7573;
- 3) If you have not been given an Inspection form, please contact our office prior to scheduling your inspection at 847-0966.
- 4) Present the form to each required Inspector. When completed, you are responsible to get the original to the Business License office at 110 Toll Road on the Gold Hill Divide in Virginia City or mail to P O Box 526 ~ Virginia City NV 89440

Please feel free to call 847-0966 with any questions. *Thank you!*

Storey County BUSINESS LICENSE INSPECTION SHEET

DATE APPLIED: _____

ACCOUNT NUMBER: _____

BUSINESS NAME: _____

RESPONSIBLE PARTY NAME: _____

BUSINESS PHYSICAL STREET ADDRESS: _____

The following departments must be contacted for an appointment for on-site inspections and, if applicable, plans must be submitted for review before your inspection.

BUILDING DEPARTMENT:

110 Toll Road, Gold Hill Divide
(775) 847-0966

**** Conditional Approval:** YES NO

Estimated Completion Date: _____

(**Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: _____

Signature Date: _____

Inspection Required?

YES NO

Final Approval Date: _____

Inspector Signature: _____

NOTES: _____

FIRE & LIFE SAFETY INSPECTION

Completed by Fire Marshal
(775) 315-9974

**** Conditional Approval:** YES NO

Estimated Completion Date: _____

(**Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: _____

Signature Date: _____

Inspection Required?

YES NO

Final Approval Date: _____

Inspector Signature: _____

NOTES: _____

NEVADA STATE HEALTH DEPT:

4150 Technology Way, Suite 101, Carson City
(775) 687-7573 (Deborah Green)

**** Conditional Approval:** YES NO

Estimated Completion Date: _____

(**Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: _____

Signature Date: _____

Inspection Required?

YES NO

Final Approval Date: _____

Inspector Signature: _____

NOTES: _____

**** Conditional Approval:** Copy to Building office with Conditions, for consideration of a Temporary Business License.
(Retain Original until ALL required inspections are final.)

Final Approval - Return ORIGINAL to Storey County Building office upon completion.

Received by **SCBD** on _____ at _____ By: _____

Original MUST be returned to Business License/Building Department office prior to issuance of license.