

Submitting an Application for a Storey County Business License

Before submitting your application, you need...

- A State of Nevada License
- A Nevada Contractor's License (if performing contractor work)

State of Nevada: <https://www.nvsilverflume.gov/home>

Nevada Contractor's Board: <http://www.nscb.nv.gov/>

In this package, please find the Storey County Business License Application (2 pages), D-25 form, inspection checklist, and dispatch form. Please complete and return to building@storeycounty.org. Include proof of your State and (if needed) Contractor license. If unable to do so we will confirm online.

****NOTE for In-County license applications an inspection MUST be completed before issuing the license.**

Below are the contacts to schedule inspections:

- Sharon Bluemer 775-687-7560 (Septic, Immediate VC Area Only)
- Paul Cohen 775-687-7571 (TRI Area Only)
- ComDev office at 775-847-0966 to schedule an inspection for Building and Fire.

Once we've received this documentation, we'll verify and set up an account for you. We will send you a link to pay online (online payment fee applies) or you can send a check to our PO Box. Once fees are paid, we'll send you a receipt that will serve as a temporary business license until a permanent license can be mailed.

Business Name: _____ Acct Number: _____

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

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

**** In County ONLY:**
If NOT Exempt
Calculate Employees, Footage and Units

**** Employees:** _____ Fee \$ _____
**** Square Feet:** _____ Fee \$ _____
**** 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: _____

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	Type of Business	Business Telephone Number	
Business Address	City	State	Zip Code
Federal Identification No.	Social Security No.	Contractor's Board License No.	
Name of Principal Owner (Please Print)		Principal Owner's Telephone No.	
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
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- 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
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I declare that I have the 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 No.
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Applicant's Residence Address	City	State	Zip Code
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I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
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Witness Signature - (Business License Office Employee)	Name of City or County
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If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____.

 NOTARY PUBLIC

INSTRUCTIONS

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.

2019 / 2020 Storey County

REQUIRED

Business License Account #: _____
Sq. Ft.: _____ # Employees: _____ Units: _____

DISPATCH CENTER INFORMATION

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 is mandatory**. This will help in getting viable and accurate response to your place of business in case of an emergency. Persons on this form should be able to respond within 30 minutes, no more than one hour and be available 24 hours a day, 365 days a year. 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): (____) _____

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

Is this a residence? YES NO _____

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. 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

4. **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

Knox Box with keys to locked buildings on premises? Yes No

(If no, see directions on how to order on back of this form.)

Signature

Print Name

Date

To order a Knox Box for your facility, please follow these steps:

1. Access www.storeycounty.org
2. Go to "Department"
3. Choose "Fire Department"
4. Go to Fire Prevention and Code Enforcement
5. Click "Knox Box"
6. Choose Knox-Box 3200 Series
7. Under Department Name Enter "Storey" –or- enter zip code
8. Click "Storey County Fire Department"
9. Choose the device that fits your needs. NOTE: You do NOT have to have the tamper switch installed.
10. Complete Installation Address Page
11. Choose "Check Out"
12. Complete Payment Method

If you have any questions or need assistance with the process, please feel free to Contact Fire Prevention - Joe Starnes at (775) 351-5936.

Storey County Code ~

15.04.080 Fire department access and safety.

A. Approved numbers or addresses shall be placed on all new and existing building or positioned on property as to be plainly visible and legible from the street or road fronting the property. Numbers shall be at least twelve inches in height for commercial buildings, and shall be of a contrasting color.

B. Key Boxes on Commercial Business and Residences with Automatic Alarm Systems. When access by emergency personnel to or within a structure or property is unduly difficult because of secured openings and where immediate access is necessary for lifesaving or firefighting purposes, the designated fire official may require a key box to be installed in an accessible location on building or property. The chief may require commercial buildings and residences with automatic alarm systems to be provided with key boxes. The key box shall be a type approved by the designated fire official and shall be approved prior to installation. Such key boxes shall contain the following:

1. Keys to all locked points of exterior entry of building.
2. Keys to all locked interior doorways.
3. Keys to locked mechanical rooms.
4. Keys to locked fire equipment rooms.
5. Keys to locked electrical rooms.
6. Keys to elevator controls.
7. Keys to other areas of the building or property as directed by the designated fire official.
8. The property manager shall immediately notify the Storey County Fire Prevention Department and provide the new key when a lock is changed or rekeyed. The keys shall be secured in the Knox Box by SCFD personnel.

C. Required Access. Fire apparatus access roads shall be provided for every facility, building or portion of a building constructed or moved into or within the jurisdiction when any portion of the facility or any portion of an exterior wall of the first story of the building is located more than one hundred fifty feet from the fire apparatus access as measured by an approved route around the exterior of the building or facility.

D. Surface. Fire apparatus access roads shall be designed and maintained to support the imposed loads of the fire apparatus and shall be provided with a surface so as to provide all-weather driving capabilities.

E. Turning Radius. The turning radius of a fire apparatus access road shall be as approved by the fire chief.

F. Dead Ends. Dead-end fire apparatus access road in excess of one hundred fifty feet in length shall be provided with approved provisions for the turning around of fire apparatus.

G. Fire Break Clearance. A minimum thirty-foot fire break clearance around the structure must be provided and maintained per NRS 472.041. This must be completed prior to issuances of a certificate of occupancy or safety seal.

(Ord. 172 §. 1(part), 2000)



Storey County Business License Inspection Checklist

What you will need to have ready for your inspection:

Note: This is not an all inclusive list

Address

- Have address posted on outside of business

Construction Features

- Holes in walls/fire resistive construction

Electrical Equipment

- No extension cords being used as permanent wiring
- No multiplug adapters being used (power strips acceptable)
- Electrical panel boxes, receptacles, light switches have proper covers on and/or closed
- No storage blocking electrical panel box (36" clearance)



Exits & Fire Escapes

- Emergency lighting is operable
- Exit signs illuminated
- No padlocks on exit doors while occupied
- All exit aisles clear from obstructions



Fire Lanes

- Fire lanes around building properly marked and maintained
- Fire lanes not obstructed

Fire Alarm Systems / Equipment

- All pull stations not obstructed from view
- Fire alarm system testing current and operable
- Current key in knox box



Fire extinguishers and Extinguishing Systems

- Extinguisher mounted on wall
- Extinguisher has annual test by outside company or extinguisher is new
- Extinguisher not obstructed from view
- Maximum travel distance to a fire extinguisher is 75 feet



Housekeeping

- Laundry room free of lint
- Combustibles not stored in equipment room
- Combustibles not stored next to heating source (i.e., water heater)
- Housekeeping inside and outside of building is orderly
- No storage in exits
- No storage within 18" of sprinkler heads



Boardwalk

- Maintained to eliminate trip hazards
- Signs properly secured for wind hazard

Restaurants/Assembly

- Occupancy Load posted in building



Sprinkler and Standpipe Systems

- Fire department caps/adapters in place
- Fire department connections/standpipe are not blocked
- Sprinkler heads are not painted
- Periodic testing of system is current

Storage and Handling of Flammable Liquids/Gas

- Compressed gas cylinders must be secured

Kitchens

- Have required K extinguisher fryers
- Hood system is free of grease
- Hood system has current six month inspection
- Grease interceptor clean



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

For Information Contact:
Storey County Community Development 775-847-0966

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

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 E. 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 Department
(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: _____

HEALTH DEPT:

4150 Technology Way, Ste 101, Carson City
(775) 687-7571

**** 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 Business License office with Conditions, for consideration of a Temporary License.
(Retain Original until ALL required inspections are final.)

Final Approval - Return White copy to Storey County Community Development office (847-0966).

Received by SCBD on _____ at _____ By: _____