

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) and D-25 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.

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.

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.