



ROSS MILLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Nevada State Business License Application

(See Instructions)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PRINT LEGIBLY OR TYPE ALL INFORMATION

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form does not relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

* Asterisks indicate **required** information. Incomplete forms will be rejected.

**Online registration is also available at
 www.nvsos.gov**

INSTRUCTIONS:

1. This application is for the use of sole proprietors, partnerships and those entities organized and on file with the Secretary of State whose State Business License expires prior to the due date of its annual list.
2. Mark if sole proprietor, partnership, or the entity type if an entity on file with the Secretary of State filing pursuant to instruction 1. above.
3. If you are exempt from the requirements of the State Business License pursuant to Section 7(2)(a - e) of AB 146 of the 2009 Nevada Legislature, place one of the following codes in Section 3:
 - 001 - A governmental entity
 - 002 - A nonprofit organization qualified as tax-exempt under 26 U.S.C. Section 501(c)
 - 003 - A home-based business whose net earnings are not more than 66 2/3 percent of the average annual wage
 - 004 - A natural person whose sole business is the rental of four (4) or fewer dwelling units to others
 - 005 - A business whose primary purpose is to create or produce motion pictures
4. Corporations, LLC and other entities on file with the Secretary of State must enter the name and entity number, if known, as on file with the Secretary of State.
5. Return the completed form with the \$200.00 business license fee. Effective 2/1/2010, \$100 penalty will be added for failure to file form by license expiration date.
6. Make your check payable to the Secretary of State.
7. File online at www.nvsos.gov or return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which the State Business License expires. (Postmark date is not accepted as a receipt date.) Forms received after due date will be returned for additional fees and penalties.
9. A responsible party of the business applying for the State Business License must sign the application. **FORM WILL BE RETURNED IF UNSIGNED.**

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| 1* | Entity Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> | | | | | | | | | | | | | | | | |
| 2 | Month and year your State Business License expires. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 20 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> | | | | | | | | | | | | | | | | |
| 3 | This entity is exempt from the requirements of the state business license. Cite exemption code <input style="width: 100px;" type="text"/> (See instructions for code) | | | | | | | | | | | | | | | | |
| 4* | Entity Name <input style="width: 90%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | |
| 5 | NV Business ID # (NV Secretary of State - Issued, i.e. Entity Number) <input style="width: 150px;" type="text"/> | | | | | | | | | | | | | | | | |
| 6* | Physical Address <input style="width: 400px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <small style="margin-left: 100px;">Physical Street Address</small> <small style="margin-left: 400px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 10px;">Zip Code</small> | | | | | | | | | | | | | | | | |
| 7* | NV Mailing Address <input style="width: 400px;" type="text"/> <input style="width: 100px;" type="text"/> NV <input style="width: 50px;" type="text"/> <small style="margin-left: 100px;">PO Box or Street Address</small> <small style="margin-left: 400px;">City</small> <small style="margin-left: 100px;">Zip Code</small> | | | | | | | | | | | | | | | | |
| 8 | Entity Phone (<input style="width: 30px;" type="text"/>) <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | |
| 9 | Email Address <input style="width: 250px;" type="text"/> | | | | | | | | | | | | | | | | |
| 10 | Taxpayer Identification # (Dept of Taxation Issued TID) <input style="width: 150px;" type="text"/> | | | | | | | | | | | | | | | | |
| 11* | <p>Signatures must be that of a responsible party. I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">X</td> <td style="width: 30%; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 30%; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 10%; border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">Signature</td> <td style="border: none;">Name</td> <td style="border: none;">Title</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">X</td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">Signature</td> <td style="border: none;">Name</td> <td style="border: none;">Title</td> <td style="border: none;">Date</td> </tr> </table> | X | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | Signature | Name | Title | Date | X | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | Signature | Name | Title | Date |
| X | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | |
| Signature | Name | Title | Date | | | | | | | | | | | | | | |
| X | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | | | | | |
| Signature | Name | Title | Date | | | | | | | | | | | | | | |

This form must be accompanied by appropriate fees. See instructions.