

STOREY COUNTY SHERIFF
 PO BOX 498, VIRGINIA CITY, NV 89440
 Phone (775) 847-0959 Fax (775) 847-0924

BUSINESS LICENSE

Please call the Sheriff's Office for instruction on what forms to use, if other State forms are needed and the amount of the fee to pay.

To Calculate a License:

Determine the Category/(Multiple Categories May Apply)
 Calculate the Area and Employees if the Category is NOT Exempt
Application Fee \$25.00

ANNUAL FEE

- \$ 75.00 General License-For all other types not listed below
- \$ 150.00 Cabaret & live Entertainment
- \$ 250.00 Escort (Must have Brothel License)
- \$ 700.00 Fortunetelling, Palmistry (1-per 5000 population)
- \$ 100.00 Home Business(Exempt from Calculations)
- \$ 100.00 Independent Contractors, Professional
(Need copy of State Contractor License)
- \$1000.00 Liquor Investigation Fee + 500.00 each additional person
- \$ 100.00 Liquor, Off Sale (For Stores)
- \$ 500.00 Liquor, On Sale(Valid also for Off-Sale-Bar's)
- \$ 50.00 Liquor-Service Bar-Each
- \$ 135.00 Massage/Theraputic Services (Need proof-schooling)
- \$ 475.00 Mining, Excavation, Earth-Moving/Processing
- \$ 0 Non-Profit-proof of 501.c(x) Status (hand type license)
- \$ 75.00 Out of County
- \$ 250.00 Pawn (+100.00 if accept Motor Vehicle)
- \$ 475.00 Subdivision Sales(Commercial
- \$ 100.00 Transportation Companies

QUARTERLY FEES

- \$ 10.00 Alarms-per each alarm
- \$ 30.00 Gaming-per machine(Need State Gaming License)
- \$ 150.00 Gaming Table- per table(Need State Gaming License)
- \$ 18,750.00 Prostitution
- \$ % Gross Utilities Companies

OTHER LICENSES & FEES

- \$ 25.00 Special Events -5 day permit (Excluding -liquor)
- \$ 0 False Alarms Service Charge 1 to 4
- \$ 25.00 each False Alarm Service Charge 5 to 8
- \$ 50.00 each False Alarm Service Charge 9 or more

SQUARE FOOTAGE OF BUILDING OR SITE

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

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

**EMPLOYEES-(includes person engaged in the business
 Partners or Co-Owners, ETC)**

- \$ 25.00 1 to 5
 - \$ 40.00 5 to 10
 - \$ 75.00 11 to 25
 - \$ 125.00 26 to 50
 - \$ 125.00 + \$ 2.00 for each additional employee over 50
- EXEMPT-Brothels, Cabaret, Fortunetelling, Special Events,
 Independent Contractors, Home Occupation, Out-of County.

COMMERCIAL UNITS

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

Hand out Flyers on Street-Must go to Commissioners – against Ordinance.

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Phone (775) 847-0959 Fax (775) 847-0924
AFFIDAVIT FOR LIQUOR LICENSE

I, _____, the undersigned being duly sworn, and says:
That ____ making application to the Liquor Board of Storey County for a County License to sell intoxicating liquors in Storey County, Nevada.

That _____ am/are a Citizen of the United States.

That the said business is conducted under the name of : _____.

That the following named person or persons, is or are, the owner or owners of the said business and the only person or persons who will benefit financially in said business _____
_____.

That each and every person herein named, and who will benefit financially, or share in the profits of said business is a actual and bona fide citizen of the United States.

(Signature) Signed this ____ day of _____,20__

(Signature) Signed this ____ day of _____,20__

Subscribed and Sworn to before me

This ____ day of _____,20__

Notary Public or Sheriff Office Official

APPLICANT INFORMATION

NAME: _____
Last First Middle

Social Security No. _____

Nickname/Maiden/Other _____

Sex _____ Race _____

Street Address _____

Ht. _____ Wt. _____

Mailing Address _____

Hair _____ Eyes _____

Home Phone () _____

Birthdate _____

Drivers License No. _____ State _____

Birthplace _____

U.S. Citizen Yes _____ No _____ Passport No. _____

Alien Reg No. _____

Marks, Scars, Tattoos _____

Places of Employment for the last three years:

Name	Location	Position	From - To	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been arrested? _____ (List ALL arrests and convictions)

Date	Charge	Arresting Agency	City and State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach a Financial Statement for proof of financial standing.

The undersigned applicant certifies that the foregoing information is true and correct to the best of his/her knowledge and belief and further that such certification is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial or revocation of the Liquor License.

Signed this _____ day of _____, 20 _____.

Subscribed and sworn to before me this _____ day of _____, 20 _____

Applicant Signature

Notary Public or Sheriff's Office Official

JAMES G. MILLER, SHERIFF
STOREY COUNTY SHERIFFS OFFICE
PO BOX 498, VIRGINIA CITY, NEVADA 89440

TO WHOM IT MAY CONCERN:

The individual listed below is applying for a Storey County Liquor License and we are currently conducting a criminal background investigation.

WAIVER & AUTHORIZATION TO RELEASE INFORMATION

I, _____ authorize all persons or agencies to furnish the Storey County Sheriff's Office with any and all information concerning my criminal history.

You may release arrests, detention, field citations, field interview cards, officer's records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results and other criminal justice records.

This authorization and request is given freely and without duress. The information furnished will be used by the Storey County Sheriff's Office in conjunction with the background investigation.

I hereby release Storey County, and any/all other Agencies from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

_____ Print Name	_____ D.O.B.
_____ Signature	_____ S.S.N.
_____ Date	_____ Witness' Signature

Note: A photocopy of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.