

Submitting an Application for a Storey County Business License

****FOOD TRUCKS****

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 license. (<https://www.nvsilverflume.gov/home>)

****NOTE:** An inspection done by a Community Development inspector AND Nevada State Health are required before issuing a license. (see page 6)

You must contact Paul Cohen with State Health first at 775-687-7571. Once you get an inspection scheduled with him call Joe Starnes with Community Development at 775-351-5936 OR Ashley Mead at 775-351-6356. Let either one know your inspection date with Paul, they can usually set it up so both inspections can be done at once.

At the end of this packet is an inspection checklist as well as a food truck guide.

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 and the inspection is complete, 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
-----------------------	---------------------------

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
------------------------------------------------------------------------------------------------------	--------------------------

Witness Signature - (Business License Office Employee)	Name of City or County
---------------------------------------------------------------	-------------------------------

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.

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) 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: _____

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: _____

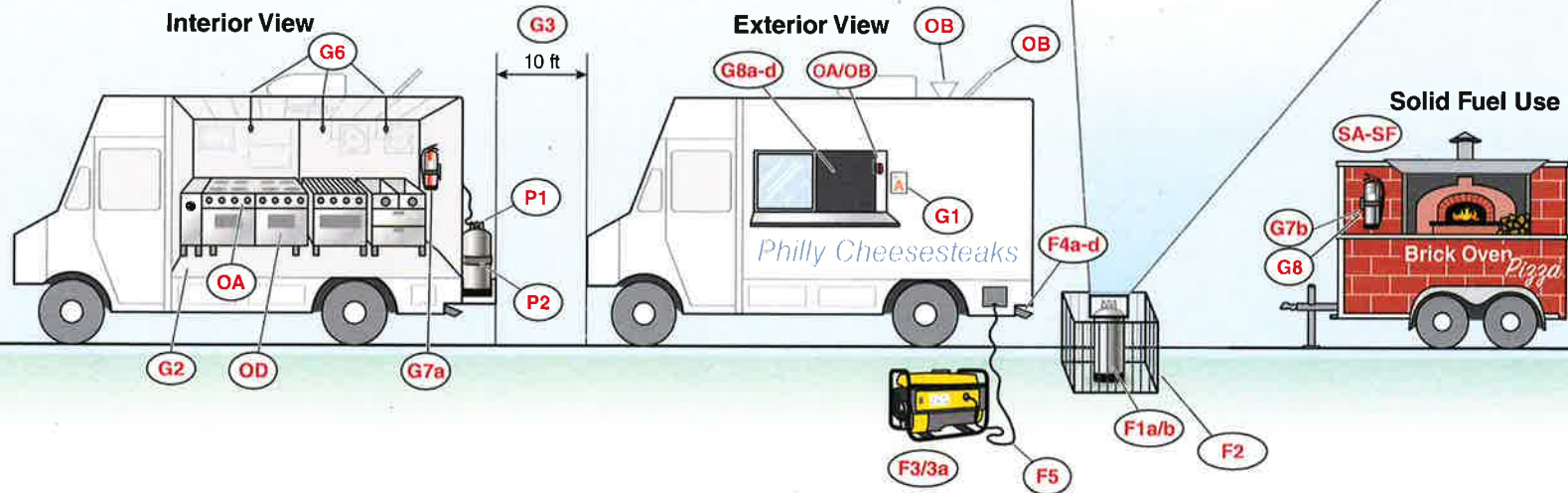
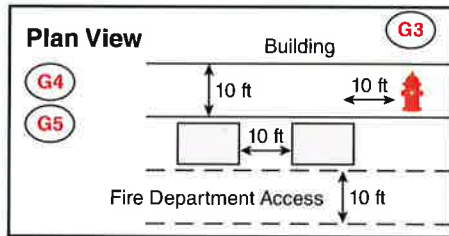
**** Conditional Approval:** Copy to Business License office with Conditions, for consideration of a Temporary License.
(Retain Original until ALL required inspections are final.)

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

Received by SCBD on _____ at _____ By: _____



FACT SHEET » Food Truck Safety



NATIONAL FIRE PROTECTION ASSOCIATION

The leading information and knowledge resource on fire, electrical and related hazards

NOTE: This information is provided to help advance safety of mobile and temporary cooking operations. It is not intended to be a comprehensive list of requirements for mobile and temporary cooking operations. Check with the local jurisdiction for specific requirements. This safety sheet does not represent the official position of the NFPA or its Technical Committees. The NFPA disclaims liability for any personal injury, property, or other damages of any nature whatsoever resulting from the use of this information. For more information, go to nfpa.org/foodtrucksafety.

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FACT SHEET » Food Truck Safety (continued)

NFPA code references are provided at the end of each item. The red keys correspond to the NFPA food truck safety diagram. For more detailed information, see Annex B in NFPA 96.

GENERAL SAFETY CHECKLIST

- Obtain license or permits from the local authorities. [1:1.12.8(a)] **G1**
- Ensure there is no public seating within the mobile food truck. **G2**
- Check that there is a clearance of at least 10 ft away from buildings, structures, vehicles, and any combustible materials. [96:7.8.2; 96:7.8.3 for carnivals only] **G3**
- Verify fire department vehicular access is provided for fire lanes and access roads. [1:18.2.4] **G4**
- Ensure clearance is provided for the fire department to access fire hydrants and access fire department connections. [1:13.1.3; 1:13.1.4; 1:13.1.5] **G5**
- Check that appliances using combustible media are protected by an approved fire extinguishing system. [96:10.1.2] **G6**
- Verify portable fire extinguishers have been selected and installed in kitchen cooking areas in accordance with NFPA 10. [96:10.9.3] **G7a**
- Where solid fuel cooking appliance produce grease-laden vapors, make sure the appliances are protected by listed fire-extinguishing equipment. [96:14.7.1] **G7b**
- Ensure that workers are trained in the following: [96:B.15.1]: **G8**
 - Proper use of portable fire extinguishers and extinguishing systems [10:1.2] **G8a**
 - Proper method of shutting off fuel sources [96:10.4.1] **G8b**
 - Proper procedure for notifying the local fire department [1:10.14.9 for carnivals only] **G8c**
 - Proper procedure for how to perform simple leak test on gas connections [58:6.16, 58:6.17] **G8d**

FUEL & POWER SOURCES CHECKLIST

- Verify that fuel tanks are filled to the capacity needed for uninterrupted operation during normal operating hours. [1:10.14.10.1 for carnivals only] **F1a**
- Ensure that refueling is conducted only during non-operating hours. [96:B.18.3] **F1b**
- Check that any engine-driven source of power is separated from the public by barriers, such as physical guards, fencing, or enclosures. [96:B.16.2.2] **F2**
- Ensure that any engine-driven source of power is shut down prior to refueling from a portable container. [1:11.7.2.1.2] **F3**
- Check that surfaces of engine-driven source of power are cool to the touch prior to refueling from a portable container. **F3a**
- Make sure that exhaust from engine-driven source of power complies with the following: **F4**
 - At least 10 ft in all directions from openings and air intakes [96:B.13] **F4a**
 - At least 10 ft from every means of egress [96:B.13] **F4b**
 - Directed away from all buildings [1:11.7.2.2] **F4c**
 - Directed away from all other cooking vehicles and operations [1:11.7.2.2] **F4d**
- Ensure that all electrical appliances, fixtures, equipment, and wiring complies with the NFPA 70®. [96:B.18] **F5**

PROPANE SYSTEM INTEGRITY CHECKLIST

- Check that the main shutoff valve on all gas containers is readily accessible. [58:6.26.4.1(3)] **P1**
- Ensure that portable gas containers are in the upright position and secured to prevent tipping over. [58:6.26.3.4] **P2**
- Inspect gas systems prior to each use. [96:B.19.2.3] **P3**
- Perform leak testing on all new gas connections of the gas system. [58:6.16; 58:6.17] **P4**
- Perform leak testing on all gas connections affected by replacement of an exchangeable container. [58:6.16; 58:6.17] **P5**
- Document leak testing and make documentation available for review by the authorized official. [58:6.26.5.1(M)] **P6**
- Ensure that on gas system piping, a flexible connector is installed between the regulator outlet and the fixed piping system. [58:6.26.5.1(B)] **P7**
- Where a gas detection system is installed, ensure that it has been tested in accordance with the manufacturer's instructions. [96:B.19.2.1] **P8**

OPERATIONAL SAFETY CHECKLIST

- Do not leave cooking equipment unattended while it is still hot. (This is the leading cause of home structure fires and home fire injuries.) **OA**
- Operate cooking equipment only when all windows, service hatches, and ventilation sources are fully opened. [96:14.2.2; 96:14.2.3] **OB**
- Close gas supply piping valves and gas container valves when equipment is not in use. [58:6.26.8.3] **OC**
- Keep cooking equipment, including the cooking ventilation system, clean by regularly removing grease. [96:11.4] **OD**

SOLID FUEL SAFETY CHECKLIST (WHERE WOOD, CHARCOAL, OR OTHER SOLID FUEL IS USED)

- Fuel is not stored above any heat-producing appliance or vent. [96:14.9.2.2] **SA**
- Fuel is not stored closer than 3 ft to any cooking appliance. [96:14.9.2.2] **SB**
- Fuel is not stored near any combustible flammable liquids, ignition sources, chemicals, and food supplies and packaged goods. [96:14.9.2.7] **SC**
- Fuel is not stored in the path of the ash removal or near removed ashes. [96:14.9.2.4] **SD**
- Ash, cinders, and other fire debris should be removed from the firebox at regular intervals and at least once a day. [96:14.9.3.6.1] **SE**
- Removed ashes, cinders, and other removed fire debris should be placed in a closed, metal container located at least 3 ft from any cooking appliance. [96:14.9.3.8] **SF**

NFPA RESOURCES

NFPA 1, *Fire Code*, 2015 Edition
NFPA 1 *Fire Code Handbook*, 2015 Edition
NFPA 58, *Liquefied Petroleum Gas Code*, 2017 Edition
LP-Gas Code Handbook, 2017 Edition
NFPA 70®, *National Electrical Code®*, 2017 Edition
National Electrical Code® Handbook, 2017 Edition

NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 2017 Edition
NFPA 96: *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Handbook*, 2017 Edition

For more of these resources,
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