

NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

WHO ACCEPTS THIS FORM? The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Some local governments may accept this form.

WHAT OTHER INFORMATION MUST I PROVIDE? When applying with the Department of Taxation: All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying with the Employment Security Division: If you employ agricultural or domestic workers or are a non-profit agency, you must complete a Supplemental Registration with ESD.

If you haven't yet received or applied for a Nevada State Business License, please contact the Nevada Secretary of State at (775) 684-5708 or complete your registration online at <https://www.nvsilverflume.gov>.

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

- 1. I Am Applying For:** Check the boxes that apply. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
- 2. Check All Box(es) That Apply.**
- 3. Business Entity Type:** Indicate entity type as filed with the Secretary of State.
- 3A. If LLC:** Indicate type of entity as filed with the IRS.
- 4. Corporate/Entity Name:** Enter the name as registered with the Secretary of State for the State Business License. Include a telephone number.
- 5. Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/business>. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
- 6. Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
- 7. Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
- 8. E-mail Address / Website Address:** Enter Email and Website Address information.
- 9. Nevada Business ID Number:** Enter the number as shown on your State Business License or exemption issued by the Secretary of State.
- 10. Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
- 11. Location(s) of Nevada Business Operations:** Enter the physical location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations. You may not use a PO Box.
- 12. Location of Business Records:** Enter the physical address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
- 13. List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), Social Security Number, date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
- 14. Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
- 15. Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
- 16. Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
- 17. Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
- 18. Signature Required: Legal signatures include: sole proprietor-owner, corporate officer, managing member and partners.**

Toll Free (In State) for All State of Nevada..... **800-992-0900**

Nevada Department of Taxation: Online Registration: <https://www.nevadatax.nv.gov> – Website: <http://www.tax.state.nv.us>

Call Center	Toll Free Taxation Help Desk	(866) 962-3707
Las Vegas.....	555 E Washington Avenue • Suite 1300 • Las Vegas Nevada • 89101.....	(702) 486-2300
Reno.....	4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502.....	(775) 687-9999
Carson City....	1550 College Parkway • Suite 115 • Carson City, NV • 89706.....	(775) 684-2000

Nevada Employment Security Division (ESD): Online Registration: <https://uitax.nvdetr.org> – Website: www.nvdetr.org

Las Vegas	(702) 486-0250
Reno	(775) 823-6680
Statewide (Mailing).....	500 E Third Street • Carson City, NV • 89713-0030 .. (775) 684-6300

Nevada Department of Wildlife: (Industrial Artificial Pond Permit) – Website: www.ndow.org..... (775) 688-1500

Nevada Secretary of State: (775) 684-5708

For more information regarding local and state business licensing please visit Nevada's online Business Portal at <https://www.nvsilverflume.gov>.

NEVADA BUSINESS REGISTRATION

Please see instructions regarding form detail and online registration options.

1	I Am Applying For:		<input type="checkbox"/> Unemployment Insurance <small>*(Employment Security Division - ESD)</small>	<input type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> Modified Business Tax <small>*(Department of Taxation)</small>	<input type="checkbox"/> Local Business License		
* SEND A COPY TO EACH AGENCY							
2	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Other			
		<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address				
		<input type="checkbox"/> Change in Name	<input type="checkbox"/> Add Location				
3	Business Entity Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Association	<input type="checkbox"/> LLLP <input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Government Entity			
		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other			
3A	If LLC please check Federal tax filing type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership						
4	Corporate/Entity Name <small>(as shown on State Business License):</small>			Corporate/Entity Telephone ()	5 Federal Tax Identification Number		
6	Corporate/Entity Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	City, State, and Zip Code +4	State of Incorporation or Formation			
7	Nevada Name (DBA):		Business Telephone ()	Fax ()			
8	E-mail Address:	Website Address:		9	Nevada Business Identification #: (11 digits) NV		
10	Mailing Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	City, State, and Zip Code +4				
11	Location(s) of Nevada Business Operations:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	City, State, and Zip Code +4				
12	Location of Business Records:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	City, State, and Zip Code +4	Telephone Number: ()			
13	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed. ** The Department of Taxation & Employment Security Division are the only agencies to require a SSN.						
	Last, First, MI :	Residence Address (Street)	**SSN	Date of Birth			
	Title	Percent Owned	City, State, Zip +4	Residence Telephone			
	Last, First, MI :	Residence Address (Street)	**SSN	Date of Birth			
	Title	Percent Owned	City, State, Zip +4	Residence Telephone			
	Last, First, MI :	Residence Address (Street)	**SSN	Date of Birth			
	Title	Percent Owned	City, State, Zip +4	Residence Telephone			
	Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip +4	**SSN	Residence Telephone		
14	Date Business Started in Nevada	Date Nevada Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll	Number of Employees	
15	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS						
	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestics	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity	<input type="checkbox"/> Amusement Machines	<input type="checkbox"/> Registered Agent
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Financial Institutions
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leasing (Other than Employees)	<input type="checkbox"/> Gaming	<input type="checkbox"/> Mortgage Brokers
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Tire Sales	<input type="checkbox"/> Supply/Use Temporary Workers	<input type="checkbox"/> Health Services	<input type="checkbox"/> Banker
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit Number _____	<input type="checkbox"/> Other _____	
16	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.						
17	If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:						
	Date Acquired/Changed:	Acquired/Changed by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> In Part			
	Name(s) of Previous Owner(s)		Previous Owner(s) Business Name				
	Address (Street)	City	State	Zip Code +4			
	Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:		Enter Previous Owner(s) ESD Account Number:				
18	* 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.							
	*Signature Responsible Party / Original		Print Name And Title		Date		
	*Signature Responsible Party / Original		Print Name And Title		Date		

ORIGINAL SIGNATURES REQUIRED BY AGENCIES – KEEP A COPY FOR YOUR RECORDS

CLARK COUNTY BUSINESS LICENSE SUPPLEMENT

1. State law requires you to register your business with the Nevada Department of Taxation or, in some cases, to receive an exemption from their requirements.

Have you satisfied the requirements of the Nevada Department of Taxation? Yes No

If you answered yes, please go to question 2. NRS 364A requires all business, corporation, or partnerships operating in Nevada to have a state business license. If you have questions concerning business licensing requirements for the State of Nevada please contact the Nevada Department of Taxation at (702) 486-2300 before applying with Clark County Business License.

2. Is this business owned by a legal entity such as a Corporation, Limited Liability Company, Registered Partnership, etc. and not by an individual(s)? Yes No If you answered no, go to question 3.

2a. Is this company listed on a stock exchange? Yes No

2b. Have you filed with the Nevada Secretary of State? Yes No The filed name must be listed on the Nevada Business Registration form, line 2. Registered legal entities **must** register with the Nevada Secretary of State, Commercial Filings Division at (702) 486-2880 before a Clark County Business License may be issued.

3. The Federal Welfare Reform Act implemented by the 1997 Nevada Legislature requires that professional and occupational licensing agencies add certain questions regarding child support to all applications.

Please mark the appropriate response - failure to mark one of the questions will result in the denial of your application.

Not subject to a court order for the support of a child

Subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Subject to a court order for the support of one or more children and am **NOT** in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

This is a Multiple shareholder corporation; or a Non-profit; or a Multiple member limited liability company; or a Registered partnership, registered with the State of Nevada and are therefore exempt. **Please circle the appropriate type:** Multiple shareholder corporation, Non-profit, Multiple member LLC, or Registered partnership.

4. Will you be using a business name other than the one registered with the Nevada Secretary of State, or if not registered, the business owner's legal name? Yes No If you answered no, go to question 5.

4a. Have you filed a Fictitious Firm Name form with the Clark County Clerk's office? Yes No

The filed name must be listed on the Nevada Business Registration form, line 5. If your business is using a fictitious firm name, you must file a fictitious firm name form with the Clark County Clerk's Office (702) 671-0523 before a Clark County Business License may be issued.

5. Does your business or profession require a state license? Yes No If you answer no, go to question 6.

If yes, please provide State License Type (doctor, contractor, etc.):

Professional/State License Number and Classification (must be current and valid):

6. If you are based in a jurisdiction other than Unincorporated Clark County, please provide the name of the jurisdiction (City of Las Vegas, City of Henderson, etc.) and your current valid license number.

Licensing Jurisdiction:

License Number:

7. Are you doing business from your home? Yes No If you are doing business from your home you must get approval from Clark County Current Planning for a home occupation. Questions concerning approval should be directed to the Clark County Current Planning Department at (702) 455-4314.

8. Are you sharing space with another business? Yes No If yes, please provide the name and address of the business.

Business Name:

Address:

City, State, Zip Code:

9. Please provide your email address (not required):

The mailed in application cannot be processed until all these requirements are complete.

I declare under the penalty of perjury that the requirements listed above - to the best of my knowledge and belief - have been completed.

Signature: _____

Social Security Number: _____

Date: _____

Business Name: _____

CLARK COUNTY FIRE PERMIT SURVEY FORM

PROJECT ADDRESS (BUSINESS LOCATION) _____
 PROJECT NAME (BUSINESS NAME) _____ DATE _____
 ASSESSOR'S PARCEL NUMBER(S) _____
 CONTACT PERSON _____ PHONE # _____

INITIATING AGENCY: (Check Box, Agency Application/Permit #, and Agency Signature Required below)

<input type="checkbox"/> AIR QUALITY	<input type="checkbox"/> BUSINESS LICENSE	<input type="checkbox"/> FIRE DEPARTMENT
<input type="checkbox"/> BUILDING DIVISION	<input type="checkbox"/> CURRENT PLANNING	<input type="checkbox"/> HEALTH DISTRICT

INITIATING AGENCY APPLICATION # or PERMIT # _____
 INITIATING AGENCY SIGNATURE _____

CHECK "Yes" or "No" for each item below that your building/business/project includes.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Water supplied by a well or private water system |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Propane tank(s) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Aboveground or underground flammable/combustible liquid tank(s) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | High-piled storage* (see definition below) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Spray paint booths |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Medical Gas Systems |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Combustible Dust Producing Operations |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Chemicals – Storage, Manufacture, or Use ** |

Fire Dept. Review/Comments

Signature _____ Date _____

Fire Dept. Review/Comments Signature is only required for any "Yes" response.

- ❖ A "Yes" response to any of the above conditions may require the applicant to obtain a permit from the Clark County Fire Department (CCFD). CONTACT CCFD PLANS CHECK AT (455-7100) IMMEDIATELY for permit requirements.
 - ❖ A "Yes" response to conditions #7 and #8 also requires Signature of Building Division below and may require approval of a Special Use Permit through the Current Planning Division.
- NOTE: Title 30, Section 30.04.160, provides for the revocation of any land use approval not in compliance with Codes.

PRINT NAME _____ SIGNATURE _____

CIRCLE ONE: Property, Building, or Business Owner ~ Occupant's Legal Representative ~ Responsible Party

ATTENTION: **FAX COMPLETED FORM TO CLARK COUNTY FIRE DEPARTMENT AT (702) 735-0775**

* High-Piled Storage is storage of combustible materials in closely packed piles or combustible materials on pallets, in racks or on shelves, where the top of storage is greater than 12 feet (3658 mm) in height. High-piled combustible storage also includes certain high-hazard commodities, such as rubber tires, Group A plastics, flammable liquids, idle pallets and similar commodities, where the top of storage is greater than 6 feet in height.

** Refer to the Clark County Fire Department's "Hazardous Materials Systems" Guideline.

For Development Services – Building Division Use Only

Hazardous Occupancy Required? YES _____ NO _____ If YES, then Special Use Permit Required.

Building Division Signature _____

<input type="checkbox"/> New Construction	<input type="checkbox"/> PAC Process	<input type="checkbox"/> Commercial
<input type="checkbox"/> Addition	<input type="checkbox"/> Walk-thru	<input type="checkbox"/> Residential
<input type="checkbox"/> Remodel		

- DISTRIBUTION -

CUSTOMER AIR QUALITY MANAGEMENT BUSINESS LICENSE DEPARTMENT FIRE DEPARTMENT HEALTH DISTRICT
 DEVELOPMENT SERVICES: BUILDING PLANS EXAMINATION ZONING PLANS CHECK CURRENT PLANNING

Fire Department Inspections for Business License

You are required to pass a fire inspection before your Business License can be issued. The Business License Department will identify each license that requires an inspection and you should specify each license when making arrangements for your Fire inspection(s).

A complete Fire Permit Survey Form is required with your business license application. If you answered “yes” to any of the questions, you may need a permit. The Business License Department will transmit your Permit Survey Form to the Fire Department. *Make sure that you include a return fax number on the form!* The Fire Department will review, sign, and fax the form back to you. The response will identify any permits required by the Fire Department for your business.

1. Apply for any required Fire permits as noted on the Permit Survey Form. You may access Fire Department permit applications and guidelines online or in person at the Fire Department.
2. Apply for any other permits required by other agencies (Air Quality, Development Services, Business Licensing, Current Planning, Health, etc.).

When the Development Services (Zoning) department has approved your Business License location and the required Fire Department permit(s) and approvals are complete, you may schedule your Fire Inspection(s). You must have an inspection for each business license that requires a Fire inspection.

<p>Note that you must have your Business License ID number(s) available when applying for your Fire Department inspection. This number is printed on your Business License receipt and is required by the Fire Department for inspection scheduling.</p>
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The Fire Department will contact you approximately two weeks after your application is processed to schedule your inspection. Inspections are performed during regular Fire Department inspection hours (Tuesday – Thursday from 8:00 AM – 4:00 PM). There is no charge for business license inspections performed during normal inspection hours.

OR

You may contact a Fire Department scheduler at 702-455-7316 (Option 1, Option 3) if you need to have your business license inspection performed on overtime inspection application. *Note that fees apply for overtime inspections.*



Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4252

(800) 328-4813

FAX (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

LEASE INFORMATION

Tenant:	
Address of Tenant:	
Tenant Contact	Name: Phone: Email:
Landlord:	
Address of Landlord:	
Landlord Contact:	Name: Phone: Email:
Premises:	Address: Square footage:

Under penalty of perjury, I attest that the information contained in this document is true and correct. I also understand that any false, misleading or fraudulent statements with respect to any material fact contained in the business license application and/or supporting documentation may subject me to civil penalties and/or denial of the business license application pursuant to CCC6.04.09(b) & CCC6.04.140.

Business License Applicant / Tenant

Date