NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Completion of this form will provide the common information needed and/or required by participating state and local government agencies. 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). Also, most local governments accept the form.

WHAT OTHER INFORMATION MUST I PROVIDE? When applying to **Department of Taxation:** All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying to **Employment Security Division:** If you employ agricultural or domestic workers, or are a non-profit agency you must complete a Supplemental Registration (NUCS-4058).

WHO MAY USE THIS FORM? Any person or corporation who is: opening a new business; opening additional locations; changing locations; changing owners, corporate officers or members; or changing a mailing address.

WHERE IS THIS FORM AVAILABLE? This form is available at the participating state and local agencies or by visiting the agency websites listed below. Forms may also be available at Chambers of Commerce and state and local economic development agencies.

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

1. **I Am Applying For:** Check the boxes that apply. Nevada has no central database for business registration. 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 the structure and type of ownership of your business.
4. **Corporate/Entity Name:** If incorporated, enter the name as registered with the Secretary of State. 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 1-800-829-1040. 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 and Website Address:** Enter your business e-mail and website addresses if appropriate.
9. **Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
10. **Location(s) of Nevada Business Operations:** Enter the complete 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.
11. **Location of Business Records:** Enter the complete address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
12. **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.
13. **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.
14. **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.
15. **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%.
16. **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.
17. **Signature Instructions: Make copies first and then sign each copy. Original signatures are required by each state and local agency. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.**

Toll Free (In State) for All State of Nevada Agencies…… 800-992-0900

Nevada Department of Taxation: Website: www.tax.state.nv.us

Las Vegas……..	555 E. Washington Avenue, Suite 1300 • Las Vegas, Nevada 89101..……...	(702) 486-2300
Reno……...	4600 Kietzke Lane, Building L, Suite 235 • Reno, Nevada 89502..…….	(775) 688-1295
Carson City…….	1550 E. College Parkway, Suite 115 • Carson City, Nevada 89706…….	(775) 684-2000

Nevada Employment Security Division (ESD): Website: www.nvdetr.org

Las Vegas……..		(702) 486-0250
Reno……		(775) 688-2663
Statewide (Mailing)…..	500 E. Third Street • Carson City, Nevada 89713-0030..……	(775) 687-4545

If your business has or may have a discharge to the environment or needs a water appropriation permit, the following telephone numbers should be used for information concerning exemptions and to acquire applications:

Nevada Department of Conservation and Natural Resources: Website: www.dcnr.nv.gov

Environmental Protection Division ……	(775) 687-4670
Water Resources Division (Water Appropriation) ……..	(775) 687-4380

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

Local Business License Departments: To obtain the telephone numbers for local license departments check the white pages of the telephone directory under the government name, i.e., Clark County, Reno.

NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

1 **I Am Applying For:** ☐ Unemployment Insurance (Employment Security Division - ESD) ☐ State Business License, Sales/Use Tax Permit, Modified Business Tax (Department of Taxation) ☐ Local Business License **SEND A COPY TO EACH AGENCY**

2 ☐ New Business ☐ Change in Ownership/ Business Entity ☐ Change in Location ☐ Change in Name ☐ Change in Corporate Officers ☐ Change in Mailing Address ☐ Other

3 **Business Entity Type:** ☐ Sole Proprietor ☐ S Corp. ☐ Publicly Traded Corp. ☐ Privately Held Corp. ☐ Association ☐ Partnership ☐ Limited Liability Partnership ☐ Limited Liability Company ☐ Government Entity ☐ Other

4 **Corporate/Entity Name:** **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 **Mailing Address:** Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt # City, State, and Zip Code +4

10 **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

11 **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:** ( )

12 **List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.**

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

13

Date Business Started in Nevada	Date Business Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll	Number of Employees

14 **PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS**

☐ Mining	☐ Domestics	☐ Outside Dining	☐ Water Appropriation	☐ Adult Materials/Activity	☐ Amusement Machines	☐ Resident Agent
☐ Service	☐ Agriculture	☐ Home Occupation	☐ Hazardous Material	☐ Leased or Leasing Employees	☐ Alcohol	☐ Financial Institutions
☐ Tobacco	☐ Manufacturing	☐ Retail Sales—New	☐ Construction/Erection	☐ Leasing (Other than Employees)	☐ Gaming	☐ Mortgage Brokers
☐ Delivery	☐ Transportation	☐ Retail Sales—Used	☐ Telephone Solicitation	☐ Supply/Use Temporary Workers	☐ Health Services	☐ Banker
☐ Wholesale	☐ Not for Profit	☐ Live Entertainment	☐ Environmental Discharge	☐ Regulated by Federal/State Permit Number _____		☐ Other _____

15 **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%.

16 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: ☐ Purchase ☐ Lease ☐ Other Portion Acquired/Changed: ☐ In Whole ☐ 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:

17 I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
****Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required.**
Legal signatures include: sole proprietor-owner, corporate officer, and managing member.

****Signature Responsible Party / Original**	**Print Name And Title**	**Date**
****Signature Responsible Party / Original**	**Print Name And Title**	**Date**

ORIGINAL SIGNATURES REQUIRED BY AGENCIES-KEEP COPY FOR YOUR RECORDS APP-01.00 Rev 02-17-05

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) 455-3156 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***)

☐ AIR QUALITY	☐ BUSINESS LICENSE	☐ FIRE DEPARTMENT
☐ BUILDING DIVISION	☐ CURRENT PLANNING	☐ 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.	☐	☐	Water supplied by a well or private water system
2.	☐	☐	Propane tank(s)
3.	☐	☐	Aboveground or underground flammable/combustible liquid tank(s)
4.	☐	☐	High-piled storage* (see definition below)
5.	☐	☐	Spray paint booths
6.	☐	☐	Medical Gas Systems
7.	☐	☐	Combustible Dust Producing Operations
8.	☐	☐	Chemicals – Storage, Manufacture, or Use **

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

Fire Dept. Review/Comments

Signature Date

- *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 PLANSCHECK 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 _____

☐ New Construction	☐ PAC Process	☐ Commercial
☐ Addition	☐ Walk-thru	☐ Residential
☐ Remodel		

~ DISTRIBUTION ~

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

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**

( ) 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 Number**

Applicant's Residence Address | **City** | **State** | **Zip Code**

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 patrolmen; 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.

"Type of Business" means the nature of the 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.

Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
P.O. BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.co.clark.nv.us/business_license

Dear Applicant:

This letter is to explain to you a requirement to obtaining a business license that has been placed on our Department. The Federal Welfare Reform Act has imposed on all states the requirement that individuals comply with their child support obligations. The 1997 Nevada Legislature passed Senate Bill (SB) 356, enacting requirements set forth by the Federal Welfare Reform Act with respect to child support.

SB356 directly affects the manner in which a governing entity may license a business within their jurisdiction. The following is a summary of the requirements levied on the Clark County Department of Business License:

- All applicants desiring to do business in the unincorporated area of Clark County must file, along with their business license application, a statement covering child support obligations as prescribed by the Nevada Welfare Division, Department of Human Resources (NRS 425.520). **The statement must be fully completed and signed by the owner(s). Failure to submit the statement will result in the application for licensing being denied and returned to the applicant.**

- NRS 244.33507 states that an application for the issuance of a license, permit, or certificate to practice a profession or occupation **must include the social security number of the owner(s).**

- Should the owner(s) be delinquent in payment of child support, Business License cannot issue a business license until notification is received from the District Attorney's office that the applicant is in compliance.

- Exempted from this law are: multiple shareholder corporations, multiple member limited liability companies, and partnerships registered with the Nevada Secretary of State's office. For those businesses exempted, the compliance exemption form must be completed.

- In all cases Nevada law prohibits the Department of Business License from issuing a business license, permit, or certificate **unless the owner(s) fully complete(s) the required child support statement and is in compliance with child support laws**.

Your cooperation in complying with this requirement is greatly appreciated. Should you have any questions concerning this issue contact our Licensing Division at (702) 455-0174.

Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
P.O. BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168

CHILD SUPPORT COMPLIANCE **STATEMENT** - NEW BUSINESS LICENSE APPLICATION

The Federal Welfare Reform Act, as implemented by the 1997 session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation, you are required to complete this Statement and return it with your application. Failure to complete and return this Statement will be cause to deny your business license application. **Please note that a complete Statement includes a response, and the signature and social security number of the individual completing the form**.

Please mark the appropriate response (failure to mark one of the three will result in the denial of your business license application).

____ 1. I am not subject to a court order for the support of a child.

____ 2. I am 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.

____ 3. I am subject to a court order for the support of one or more children and am **NOT** in compliance with the order or 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.

Please provide the following information:

Business Name: _____

Business Address: _____

_____

Business License Number: _____

Owner Name: _____

Social Security Number: _____

_____ _____
(Authorized Signature) (Date)

Department of Business License

JACQUELINE R. HOLLOWAY
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CHILD SUPPORT COMPLIANCE **EXEMPTION FORM** - NEW BUSINESS LICENSE APPLICATION

The Federal Welfare Reform Act, as implemented by the 1997 session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation, all owners of this business (business license number to be assigned after your application package is complete) are required to complete a Child Support Compliance Statement, unless the business organization structure has been determined to be exempt from such legislation as listed below. EITHER an Exemption Form from each business OR a Child Support Compliance Statement from EACH owner of the business is required to process your business license application. Failure to complete and return the appropriate form(s) will be cause to deny your business license application.

Multiple shareholder corporations, limited liability companies, and partnerships registered with the State of Nevada are exempted from the reporting requirements of the above legislation. If your business organization structure is exempt, please mark the appropriate exemption type, sign and date this form and return it to the Department of Business License with your application.

Please indicate the organization structure exemption applicable to your business:

____ 1. Multiple shareholder corporation

____ 2. Limited liability company

____ 3. Partnership registered with the State of Nevada

Please provide the following information:

Business Name: _____

Business Address: _____

_____

Business License Number: _____

_____ (Authorized Signature)

_____ (Date)