City Of Yerington

Business License Application Packet

102 S. Main Street Yerington Nevada 89447

Phone: 775-463-3511 Website: www.yerington.net Fax:775-463-2284

Business License Application Instructions

Welcome to your new business venture in the City of Yerington! This document outlines the process to obtain your City of Yerington Business License. According to Yerington City Code 3-1-2, if you are conducting business either directly or indirectly inside the city limits of Yerington, Whether or not your actual business is located within city limits, you must obtain a Yerington City Business License prior to opening the business. This information is also available via our website at www.yerington.net .

☐ **Application Page:** Please print or write legibly, completing each item.

☐ **Signature Page/Required Inspections:**

- Mobile Business--The office will obtain the signatures required.
- Business occupying a building --You must obtain inspections from the Building Department and the Fire Department.
- Food Related Business--Mobile or Stationary--You must obtain inspections from the Health Department, Building Department and the Fire Department.

We require **Final** approvals from each department **Before** your application will be accepted by the Deputy Clerk.

☐ **Additional Applicants:** List any additional applicants.

☐ **Fictitious Firm Name:** State law requires this form be filed out in each county that you do business in, if you are using any name other than your given name or your corporate name. A form is attached for your convenience. Please contact Lyon County at 775-463-6501.

☐ **Nevada State Business License:** It is required that all businesses operating in the State of Nevada obtain a state business license from the Secretary of State. **Then provide verification with the City application that your business has obtained this license.** Please visit the Nevada Department of Taxation website at www.nvsos.gov or apply online at www.silverflume.gov , or call 775-684-5708.

☐ **Nevada Department of Taxation Supplemental Information**: Pursuant to NRS 268.095(5) all new businesses must register with the Nevada Department of Taxation. **Then provide verification with the City application that your business has obtained this permit**. Please visit the Nevada Department of Taxation website at www.tax.state.nv.us or apply online at www.nvsilverflume.gov, or call the Reno office at 775-687-9999.

☐ **State of Nevada, Division of Industrial Relations:** You must fill this form out. Choose whichever option applies to your business. **You can sign this form in front of our office workers or it must be notarized**. Please include a copy of your current Workman's Comp. Certificate.

☐ **Child Support Information**: The applicant must fill this form out appropriately.

☐ **Police Department Security Check**: If you occupy a building please fill out the full page, if you are a mobile business please only fill out the top portion of this page.

The City of Yerington is an equal opportunity provider

Fee Calculation Information: (no fees are refundable)

Application Fee: $20.00

Short Term Project: $50.00 Project to be completed within 30 Days.

Single Project: $50.00 Single job to be completed within one year.

Fees for permanent business:

Billed quarterly, amount to be determined by matrix below.

Category Total number of employees employed by your company.

Per city code 3-1-2	1	2-4	5-10	11+
A	$15.00	$30.00	$60.00	$120.00
B	$30.00	$60.00	$120.00	$240.00
C	$50.00	$100.00	$200.00	$300.00

Business Status: _____
Business Licenses # _____
Category # _____
(official use only)

CITY OF YERINGTON
102 S. MAIN STREET
YERINGTON, NV 89447
775-463-3511
APPLICATION FOR CITY BUSINESS LICENSE
The City of Yerington is an equal opportunity provider

ANTICIPATED DATE TO COMMENCE BUSINESS: _____

All questions on this application must be answered. Questions not applying to your business should be answered by "n/a" (not applicable). Type or print with a ballpoint pen.

APPLICANTS: (List other partners on separate sheet)

1. Name: _____
   Address: _____ P.O. Box: _____
   City: _____ State: _____ Zip Code: _____
   Home Phone #: _____ Bus. Phone #: _____ Fax #: _____
   Date of Birth: _____

2. Name: _____
   Address: _____ P.O. Box : _____
   City: _____ State: _____ Zip Code: _____
   Home Phone #: _____ Bus. Phone #: _____ Fax #: _____
   Date of Birth: _____

Name of Business: _____ Total Number of Employees: _____

Nature of Business: _____

Detailed Description: _____

Mobile Business: _____NO _____YES

Business requiring door to door sales: _____NO _____YES (*If Yes, Solicitors license required for each employee)

Liquor (of any type) sold or served? _____NO _____YES

Business Phone: _____ Business fax#: _____

Business Address (Location): _____

Business Address (Mailing): _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

If Corporation, what state: _____

Contractor's Lic. #: _____ Dept. of Taxation #: _____

I, certify and declare under the penalties of perjury; that I am the *owner, partner, president (circle one)*, of the business named above; that this is a true, correct and complete report to the best of my knowledge, information and belief and that this report is made with the knowledge and consent of all other individuals named on this application. I also hereby authorize the city of Yerington to make any criminal or credit investigation concerning any matters of this application.

DATE: _____ **APPLICANT SIGNATURE:** _____

Form City-55 (Rev.6/March 3, 2011)

Business Status: _____
Business Licenses # _____
Category # _____
(official use only)

BUSINESS NAME: _____

FEE CALCULATION INFORMATION: (No fees are refundable)

Application Fee: $ 20.00 .

Choose One:

- ☐ **Permanent Business** -- Billed Quarterly from Matrix. (refer to Instruction Page)
- ☐ **Short Term Project** -- To be completed within 30 days. ($50.00 Fee) $ _____
- ☐ **Single Project** -- Single job to be completed within one year. ($50.00 Fee) $ _____

TOTAL FEES PAID: $ _____

REQUIRED INSPECTIONS:

Signatures must be obtained before your application can be placed on the City Council agenda. If your business will occupy a building then you will be responsible to call for these inspections and signatures #1thru #3, signatures #4 and #5 are the responsibility of City Staff. *Department Official – Attach comment page if necessary.

1. **Public Works** Approved [ ] Denied [ ]
   Phone: 775-463-2729

   ZONING: [ ] R-1 [ ] R-2 [ ] R-3 [ ] R-C [ ] C-1 [ ] C-2 [ ] M-1 [ ] N/A
   Does business comply with existing zoning and current codes? Compliance (yes) (no)

   Building Inspector _____ (Signature) Date: _____

   Public Works Director _____ (Signature) Date: _____

2. **Fire Department** Approved [ ] Denied [ ]
   Phone: 775-463-2261

   Fire Inspector _____ (Signature) Date: _____

   Fire Chief _____ (Signature) Date: _____

3. **Nevada Health Dept.** Approved [ ] Denied [ ]
   Phone: 775-687-7550

   Inspector _____ (Signature) Date: _____

4. **Police Department** Approved [ ] Denied [ ]
   Phone: 775-463-2333

   Police Chief _____ (Signature) Date: _____

5. **City Clerk** Approved [ ] Denied [ ]

   City Clerk: _____ (Signature) Date: _____

6. **City Council Approval** Approved [ ] Denied [ ]

   Mayor: _____ (Signature) Date: _____

Check List: (official use)

State Business License [ ] YES [ ] NO [ ] N/A
Employee Insurance [ ] YES [ ] NO [ ] N/A

Business Status: _____
Business Licenses # _____
Category # _____
(official use only)

ADDITIONAL APPLICANTS:

3. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

4. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

5. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

6. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

Lyon County Clerk Treasurer, 27 South Main Street
Yerington, NV 89447 (775) 463-6501

*** * (This Form MUST be Notarized) * ***

The Undersigned do hereby certify that_____is/are
(name of person, partners or corporate name)
conducting a_____business at
(nature of business)
_____ Nevada, under the fictitious firm name
(physical business location)
of_____and that said firm is composed of the
(business name)
following person(s) whose name(s) and address(s) as follows, to wit:

1) _____
Name of person, partners or corporate officer
_____
MAILING address
_____
City, State, Zip
X_____
(Signature of: owner, partner or authorized officer)

2) _____
Name of person, partners or corporate officer
_____
MAILING address
_____
City, State, Zip
X_____
(Signature of: owner, partner or authorized officer)

3) _____
Name of person, partners or corporate officer
_____
MAILING address
_____
City, State, Zip
X_____
(Signature of: owner, partner or authorized officer)

4) _____
Name of person, partners or corporate officer
_____
MAILING address
_____
City, State, Zip
X_____
(Signature of: owner, partner or authorized officer)

WITNESS this hand on the_____day of_____,_____.

STATE OF_____}
} ss.
COUNTY OF_____}

ON this____day of_____A.D.,_____, before me,_____a Notary Public in and for the said county and State, residing therein, duly commissioned and sworn, personally appeared: _____ known to me to be the person(s) whose name subscribed to the within instrument and acknowledged to me that he (she) (they) has (have) executed the same freely and voluntarily and for the uses and purposes therein mentioned. In Witness whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

_____
Notary Public in and for said County and State

(Notary Stamp) ***$25.00 filing fee*** ***Return Original***

You need to provide this paper work

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State of Nevada Division of Industrial Relations Affirmation of Compliance with Mandatory Insurance Requirements

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.

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. | 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

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of these will result in denial of the 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 I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order or 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 I am not in compliance with the order or plan by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Please note at the bottom of this form, if said business is a partnership or corporation.

Thank you in advance for your cooperation in this matter

_____ My Business is a partnership or corporation.

Applicant's Name (Printed): _____

Signature of Applicant: _____

Date: _____

Yerington Police Department

30 Nevin Way, Yerington, NV 89447
(775) 463-2332 (775) 463-2333 www.yerington.net
Darren E. Wagner
Chief of Police

Dear Merchant:

The Yerington Police Department is conducting a survey of information to update our files.

Your cooperation in filling out this form will benefit both your business and our department in case of an emergency.

BUSINESS NAME:_____
ADDRESS:_____
BUSINESS TELEPHONE NUMBER:_____
OWNER/MANAGER'S NAME:_____
HOME ADDRESS:_____
HOME TELEPHONE:_____
ALTERNATE PHONE NUMBER:_____
ADDRESS:_____
TELEPHONE:_____
(To be notified in event you cannot be reached and has access to building after closing hours)

1. Night lights left on: yes_____ no_____
   Location:_____.
2. Person/s allowed on premises after closing: yes_____ no_____
   Names:_____.
3. Janitorial Service: yes_____ no_____
   Service Name:_____Days of Service:_____.
4. Alarm System: yes_____ no_____
   Service Name:_____Phone Number:_____.
5. Do you wish to have the Yerington Police Department continue to conduct business security checks of your establishment: yes_____ no _____

If yes, it will be necessary for you or your representative to meet an officer at your business when called. If no, you will be contacted by an agent of the Yerington Police Department at a later date.

6. List any hazardous materials and their locations on reverse side of this sheet.
7. Administrative fee for responding to false (mechanical or electronic) alarms in excess of three false calls in a calendar month / per occurrence over 3 in a calendar month $50 will be charged.

Thank you for your time and effort in helping us serve you better.

Yerington Police Department