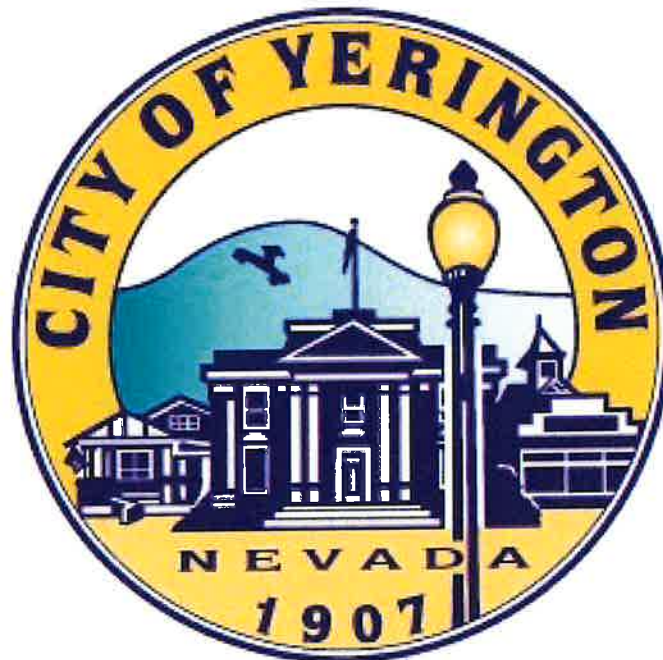


# City Of Yerington

## Business License Application Packet



14 E Goldfield Avenue, Yerington NV 89447

Phone: 775-463-3511

Website: [www.yerington.net](http://www.yerington.net)

Fax: 775-463-2284

Business Status: \_\_\_\_\_  
Business Licenses # \_\_\_\_\_  
Category # \_\_\_\_\_  
(official use only)

**CITY OF YERINGTON**  
**14 E Goldfield Avenue**  
**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.

**APPLICANT**  
**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_



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: \_\_\_\_\_

## 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](http://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](http://www.nvsos.gov) or apply online at [www.silverflume.gov](http://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](http://www.tax.state.nv.us) or apply online at [www.nvsilverflume.gov](http://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

# 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) \_\_\_\_\_  
(physical business location) Nevada, under the fictitious firm name  
 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 \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } ss.

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

- 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](http://www.nvsos.gov) or apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.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](http://www.tax.state.nv.us) or apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov), or call the Reno office at 775-687-9999.



# 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

227 S Main Street, Yerington, NV 89447

Phone: (775) 463-2333 Fax: (775) 463-2335 www.yerington.net

Darren E. Wagner  
Chief of Police



Dear Merchant:

The Yerington Police Department is pleased to be able to provide a security check on your business located within the Yerington City limits. This is a perimeter check of the business including the doors, windows, gates and the fences will be checked to determine if they are locked and secured. *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 Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

(To be notified in event you cannot be reached and has access to the building after business hours and in order listed above)

- Do you wish to have the Yerington Police Department conduct business security checks of your establishment:  
yes \_\_\_\_\_ no \_\_\_\_\_
- Night lights left on: yes \_\_\_\_\_ no \_\_\_\_\_ timer: yes \_\_\_\_\_ no \_\_\_\_\_ motion sensor: yes \_\_\_\_\_ no \_\_\_\_\_  
Location: \_\_\_\_\_
- Person / s allowed on premises after closing: yes \_\_\_\_\_ no \_\_\_\_\_  
Names: \_\_\_\_\_
- Janitorial Service: yes \_\_\_\_\_ no \_\_\_\_\_  
Service Name: \_\_\_\_\_ Days of Service: \_\_\_\_\_
- Alarm System: yes \_\_\_\_\_ no \_\_\_\_\_  
Service Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If yes, it will be necessary for you or your representative to meet an officer at your business when called.

- List any hazardous materials and their locations on reverse side of this sheet.
- 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.*
- Additional information that would be pertinent to the Yerington Police Department, please list on the back of this form.

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

**Yerington Police Department**

**EB/Date** \_\_\_\_\_