

Humboldt County Planning Department: Business License Department  
25 W. Fourth Street  
Winnemucca, Nevada 89445

**REQUIREMENTS: HUMBOLDT COUNTY BUSINESS LICENSE**

1. **STATE OF NEVADA BUSINESS LICENSE:** You are required to register your business and obtain a State of Nevada business license from the Nevada Secretary of State's Office in order to conduct business in Humboldt County. Please visit [nvsilverflume.gov](http://nvsilverflume.gov), to obtain this license.
2. **SPECIAL LICENSES & PERMITS:** You will want to contact if applicable: Health Inspector: 775-432-4237, Liquor and/or Gaming Licenses – Sheriff's Office: 775-623-6419, Motel/Hotel/RV businesses - Must contact the Winnemucca Convention Center & Visitor's Authority for information on the collection of room taxes at (775) 623-5071, or any other special permits you will need to conduct business.
3. **BUILDING & SAFETY DEPARTMENT:** You must obtain a clearance from this department in order to do business in Humboldt County, contact 775-623-6322. **All out of county/state businesses must also obtain this clearance.**
4. **PLANNING & ZONING DEPARTMENT:** You must obtain a clearance from this department in order to conduct business in Humboldt County. Home/resident based businesses must contact the planning department at 775-623-6392 to obtain a permit. **All out of county/state businesses must also obtain this clearance.**
5. **HUMBOLDT COUNTY ASSESSOR-** You must obtain a clearance from this department in order to conduct business in Humboldt County. Should you have any questions regarding their form, please contact Colleen Cox with the Assessor's Office at 1-775-623-6310; **All out of county/state businesses must also obtain this clearance.**
6. **DEPARTMENT OF TAXATION:** You must be compliant with the Department of Taxation. This may be accomplished through: [nvsilverflume.gov](http://nvsilverflume.gov) or by contacting the Department of Taxation directly at [tax.nv.gov](http://tax.nv.gov) or 775-687-9999. Request that a compliance letter be provided to Humboldt County confirming your clearance by this department (if not using the SilverFlume).
7. **FICTITIOUS FIRM NAME CERTIFICATE:** A Certificate of Business must be filed reflecting your business name, if you are using any other name for your business other than your full legal name. This step does not apply to businesses that are incorporated. The ORIGINAL must be filed with the Humboldt County Clerk's Office. The filing fee is \$20.00, and you must renew every five years. \*Please include any copies that you will want or the fee will be \$0.25 per page. For questions or filing please contact the Humboldt County Clerk's Office at 775-623-6343 or at [County.Clerk@humboldtcountynv.gov](mailto:County.Clerk@humboldtcountynv.gov).
8. **INDUSTRIAL INSURANCE:** Nevada Revised Statute 616A to D requires that this form be completed and submitted to the Humboldt County Planning Office. Our office will also accept a copy of proof of insurance (can be completed online via [nvsilverflume.gov](http://nvsilverflume.gov)).
9. **BUSINESS INFORMATION FORM:** The business information form must be completed and returned to the Humboldt County Planning Office at the above address. Please send original.
10. **HUMBOLDT COUNTY BUSINESS LICENSE:** You must fill out the top of the application. Date, sign, and return it to the Humboldt County Planning Office at the above address, **with all CLEARANCES COMPLETED**, your application will not be accepted without proper clearances. **This is required of all applicants.**

**If you have any questions regarding any of these requirements please contact Betty Lawrence, Senior Planning Technician, at the Humboldt County Planning Office by phone at 775-623-6392 or email [business.license@humboldtcountynv.gov](mailto:business.license@humboldtcountynv.gov).**

# APPLICATION FOR HUMBOLDT COUNTY, NEVADA BUSINESS LICENSE

Humboldt County Code, Chapter 5.04 provides that any firm or individual conducting or transacting business in Humboldt County must obtain a county business license. This ordinance applies to businesses situated outside the City of Winnemucca and to businesses headquartered in the City of Winnemucca conducting business outside the city limits of Winnemucca in the county. Applicants for General Home, Liquor and/or Gaming licenses must have the approval of the indicated department PRIOR TO this application being submitted to the Humboldt County Business License Department.

LATE PAYMENT PENALTY IS 25% OF THE DELINQUENT AMOUNT PER MONTH OVERDUE.

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_ ALTERNATIVE CONTACT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

EMAIL ADDRESS: \_\_\_\_\_ FED. TAX ID#: \_\_\_\_\_

NV CONTRACTOR LIC.#: \_\_\_\_\_ NV SALES TAX #: \_\_\_\_\_

NV BUS. LIC. TAX#: \_\_\_\_\_ NV WKMAN'S COMP. #: \_\_\_\_\_

FEE SCHEDULE (PLEASE MAKE CHECK PAYABLE TO: HUMBOLDT COUNTY BUSINESS LICENSE)

IF ANNUAL GROSS RECEIPTS ARE:	ANNUAL LICENSE FEE SHALL BE:
NOT OVER \$25,000	\$25.00
OVER \$25,000 BUT LESS THAN \$50,000	\$50.00
OVER \$50,000 BUT LESS THAN \$250,000	\$100.00
OVER \$250.00 BUT LESS THAN \$500,000	\$150.00
OVER \$500,000	\$250.00
WHOLESALE DELIVERY BUSINESS LICENSE	\$100.00

APPROVAL REQUIRED BY DEPARTMENTS AS INDICATED BELOW:

(SIGNATURES OF INSPECTING DEPARTMENTS MUST BE OBTAINED BEFORE LICENSE IS ISSUED)

1<sup>ST</sup> PLANNING & ZONING: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ZONED: \_\_\_\_\_ ASSESSORS' PARCEL # \_\_\_\_\_

SPECIAL REQUIREMENTS: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ REASON: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

2<sup>ND</sup> BUILDING & SAFETY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL REQUIREMENTS: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ REASON: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

3<sup>RD</sup> HEALTH DEPARTMENT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL REQUIREMENTS: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ REASON: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

4<sup>TH</sup> ASSESSOR: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

5<sup>TH</sup> NV. DEPT. OF TAXATION (CONTACT THIS OFFICE AT 1-866-962-3707 FOR A CLEARANCE

(Online services at: [www.tax.nv.gov](http://www.tax.nv.gov))

6<sup>TH</sup> SilverFlume Nevada's Business Portal for business registration at [www.nvsilverflume.gov](http://www.nvsilverflume.gov)

THE UNDERSIGNED APPLICANT HEREBY REQUESTS THE ABOVE INDICATED DEPARTMENTS TO MAKE THE NECESSARY INSPECTIONS AS REQUIRED AND AGREES TO MAKE ANY REQUIRED CHANGE.

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

RETURN COMPLETED APPLICATION & FEES TO:

HUMBOLDT COUNTY BUSINESS LICENSE DEPT.

25 W. 4<sup>TH</sup> ST

WINNEMUCCA, NV 89445

FOR OFFICE USE ONLY:

BUSINESS LIC#: \_\_\_\_\_

POSTED DATED: \_\_\_\_\_

# SilverFlume FAQ

## What is the State Business License and who is required to file?

State law requires that every person or entity doing business in the State of Nevada obtain a State Business License or State Business License Exemption annually. A business that meets the criteria shall not do business in the state of Nevada without the State Business License. Certain businesses may be exempt from the State Business License requirement. All entities whether they receive a State Business License, Exception or Exemption are assigned a Nevada Business Identification Number. This number is important for being able to register with State and local agencies in Nevada. Note: SilverFlume Nevada's Business Portal guides the customer through the registration steps, including registering at the Nevada Department of Taxation and other agencies. Excepted and Exempt businesses are required to address all steps in the registration checklist regardless of the Secretary of State's exception or exemption. To access the SilverFlume website go to [www.nvsilverflume.gov](http://www.nvsilverflume.gov)

On July 22, 2003, new legislation went into effect that requires all holders of a State Business License and entities defined under NRS 360.765 to apply and to renew their business license on an annual basis. Starting July 1, 2009, the State Business License and annual renewal fee increased from \$100 to \$200. Taxpayers who currently have a State Business License shall pay the renewal fee based on their anniversary date. Entities no longer in business in this state must contact the Secretary of State. A person who fails to submit the annual fee required by the due date shall pay a penalty in the amount of \$100 in addition to the annual fee. This penalty went into effect January 1, 2006. Effective October 1, 2009, the State Business License Fee is administered and collected by the Secretary of State's office. For additional information regarding this change please visit the Nevada Secretary of State's office website at <http://nvsos.gov/sos/licensing/state-business-license>.



BUSINESS INFORMATION

The following information is needed in case of an emergency. Responsible party needs to have a key to the business and be able to reset an alarm system (if one exists). The Humboldt County Sheriff's Office Communications Center requests that you update responsible party information WHENEVER THERE IS A CHANGE. You may do this by phone at 623-6429 day or night.

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

PHYSICAL ADDRESS OF BUSINESS IN HUMBOLDT COUNTY (If no physical location, write "Mobile" in this section): \_\_\_\_\_

People to call after hours/weekends in case of emergency:

(LOCAL NUMBER IF POSSIBLE)

1<sup>st</sup> person to call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

2<sup>nd</sup> person to call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

3<sup>rd</sup> person to call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

HAZARDOUS ITEMS ON SITE:      Circle all that apply & indicate type, amount & location.

HAZMAT: \_\_\_\_\_

CHEMICALS: \_\_\_\_\_

EXPLOSIVES: \_\_\_\_\_

FIREARMS: \_\_\_\_\_

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

ALARM SYSTEM: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES VENDOR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_



**HUMBOLDT COUNTY**  
*Office of the Humboldt County Clerk,*  
*Tami Rae Spero*

Certificate Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

New Application

**Certificate of Business: Fictitious Firm Name**  
*Individual, Sole Proprietor, Corporation, LLC, Partnership, Non-Profit or Trust*

**Please print or type**

The undersigned does hereby certify that \_\_\_\_\_, a  
 (an) Individual / Sole Proprietor / Corporation / LLC / LLP / Partnership / Non-Profit/Trust (Circle one)

(Legal entities must state name exactly as it is registered with the Nevada Secretary of State) Date established in Humboldt County: \_\_\_\_\_

Conducting a \_\_\_\_\_  
 (Type of business)

Business location \_\_\_\_\_  
 (Physical address)

with a mailing address of \_\_\_\_\_

Under the fictitious name of \_\_\_\_\_  
 (Name of business)

With a telephone number of \_\_\_\_\_ and that said firm is composed of the following person(s) whose name(s), addresses, and phone numbers or legal entity on file with the Nevada Secretary of State with the signing officer's name and title, are as follows, to-wit:

**By signing below I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.**

(1) \_\_\_\_\_  
 Name and Title Signature Date

Street Address of Business or Residence City, State, Zip

(2) \_\_\_\_\_  
 Name and Title Signature Date

Street Address of Business or Residence City, State, Zip

*For additional owners, please use additional pages*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

} SS:

This instrument was acknowledged before me on \_\_\_\_\_  
 (Date)

by \_\_\_\_\_

(Name(s) of individuals whose signatures are being notarized)

\_\_\_\_\_  
 Signature of Notary Public/Deputy Clerk

**Mail to: Tami Rae Spero, Humboldt County Clerk, Attn. FFN**  
**50 W. 5th Street, Winnemucca, Nevada 89445**

**Include: Filing fee of \$20.00 payable to Humboldt County Clerk, completed certificate, & additional copies to return, with a return envelope. (If copies are not included the cost will be \$0.25 per page)**

Account #: **NEW DEC**  
Tax Year: **2022/2023** Unsecured  
Location:

NAICS Code:

Access Code:

**TO BE COMPLETED BY TAXPAYER**

Business Name: \_\_\_\_\_

Mail address, if different: \_\_\_\_\_

Location, if different: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**STATEMENT OF BUSINESS EQUIPMENT/ ASSETS/ PERSONAL PROPERTY  
- INSTRUCTIONS -**

**IN ACCORDANCE WITH NEVADA REVISED STATUTE 361.265 AND OTHER STATUTES AS NOTED:**

- ♦ As a business owner you are required to submit a sworn statement of business equipment/assets (also known as personal property) in your possession **as of July 1, 2022;**
- ♦ Your statement must be returned **not later than July 31, 2022**, except for a statement mailed to the taxpayer after July 15, in which case it must be returned within 15 days after demand for its return is made;
- ♦ Upon written petition of the property owner showing good cause, the assessor may grant one or more 30-day extensions;
- ♦ If any person after receiving this request by the Assessor's Office. neglects or refuses to give the statement herein provided for, the Assessor must make an estimate of the value of the property of such person and this value fixed by the Assessor may not be reduced by any Board of Equalization in accordance with Nevada Revised Statute 361.360;
- ♦ The information you provide is subject to verification in accordance with Nevada Revised Statute 361.263;
- ♦ You will receive a new declaration each year as long as the business remains active. You will be asked to enter changes from the previous year, including all acquisitions and disposals of business equipment/assets/personal property.

**WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE INCLUDE:**

- ♦ All equipment/assets/personal property:
  - ♦ Owned, rented, leased, bonowed, gifted, used, or in your possession as of July 1,2022, regardless of actual owner;
  - ♦ That have been fully depreciated out for IRS purposes but are still in your possession;
  - ♦ Regardless of age, still in your possession, not previously reported.
- ♦ Total acquisition cost includes:
  - ♦ Your original purchase price (if you did not purchase the property, your estimate of its value at time of receipt);
  - ♦ The cost of any improvements (additions to or renovations of the property) other than routine maintenance/repairs;
  - ♦ Transportation costs;
  - ♦ Installation and set up costs necessary to make the property operational.

**WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE DO NOT INCLUDE:**

- ♦ Any equipment/assets/personal property acquired after July 1, 2022;
- ♦ Sales tax;
- ♦ Licensed vehicles subject to the Department of Motor Vehicles governmental service tax;
- ♦ Inventory held for resale;
- ♦ Raw materials held for manufacturing into finished goods;
- ♦ Supplies that are consumed during day-to-day operations, that have a useful life of less than one year.

**LEASED/LOANED EQUIPMENT/ASSETS/PERSONAL PROPERTY:**

- ♦ Please provide documentation (e.g., a copy of your lease agreement) should the lessor be the responsible party; otherwise, the assessor will maintain that the lessee is responsible for the personal property taxes;
- ♦ Include: capital lease, operating lease, true lease, dollar buyout lease, nominal lease, conditional sale contract, loaned items, etc.
- ♦ If you are in the business of leasing/loaning equipment to others:
  - ♦ Please provide the physical location address of each asset;
  - ♦ If a lease has terminated, indicate if the lessee acquired the property or if the property was returned to the lessor.

**PLEASE CHECK IF APPLICABLE:**

- Equipment is declared in another county.** \_\_\_\_\_
- No equipment is used in the business.** Please explain: \_\_\_\_\_
- Shared equipment is owned and reported by another business at the same location.**  
 Their business name: \_\_\_\_\_ Phone number: \_\_\_\_\_
- Out of business.** Date business ceased: \_\_\_\_\_
- How was equipment/assets/personal property disposed of: \_\_\_\_\_  
 If to another business or person, their name, address, phone: \_\_\_\_\_
- Business sold.** Date sold: \_\_\_\_\_  
 Sold to (name, address, phone): \_\_\_\_\_

**ACQUISITIONS not previously reported (see list beginning on page 3):**

Description and Quantity	Year Acquired	Total Acquisition Cost

**LEASED/LOANED PROPERTY:** Documentation is required to confirm lessor tax liability.  
 (Include: capital lease, operating lease, true lease, dollar buyout lease, nominal lease, conditional sale contract, loaned items, etc.)

Lessor/Lessee #1 - Name, mailing address, phone:			
Description and Quantity	Asset# or Customer #	Year Acquired	Installed Cost
Lessor/Lessee #2 - Name, mailing address, phone:			
Lessor/Lessee #3 - Name, mailing address, phone:			

Please carefully review the following list of previously reported property and cross out any items that are no longer in your possession.

Item #	Item Description	Year Acquired	Acquisition Cost

**Acquisition Cost Total**

Please check here  IF NO ACQUISITIONS, LEASES/LOANS, OR DISPOSALS HAVE OCCURRED SINCE LAST REPORT.

**SIGNATURE:** Under penalty of perjury, I do hereby declare and affirm that I have examined this entire declaration and any changes made therein and to the best of my knowledge, believe that it is correct and complete (NRS 361.265)

\_\_\_\_\_  
Taxpayer's signature

\_\_\_\_\_  
Print taxpayer's name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail address



\*NEW DEC\*

**Please return all pages of this statement to the Assessor's Office and make a copy for your records.**



## LIST OF COMMON BUSINESS EQUIPMENT / ASSETS / PERSONAL PROPERTY

This sample list is included to assist you in completing your written statement of business equipment/assets/personal property. The list includes, but is not limited to, the following:

Air compressor	Equipment & furniture	Gypsum products/machinery	Recreation
Air conditioner, window	Exercise		Refrigeration
Air conditioning/heating		Hand tools	Refrigerator
Aircraft repair	Fabricated metal	Healthcare	Rentals
Asphalt seal surfacing	Farm Equipment	Hospital	Restaurant
ATM	Auger		Route laundry service
Auto repair/sales/service	Backhoe	Ice making machine	
Auto wrecking yard	Baler	Ice plant	Safe
	Combine	Industrial	Sand/gravel equip
<b>Bakery</b>	Disc	Information systems	Satellite communication
Bank	Drags	Interior design	Security camera
Bar	Fertilize equipment		Security/fire
Barber/Beauty shop	Grain drills	Jewelry store	Service station equipment
Batch (concrete) plant	Grain elevator	Jukebox	Shed/locker, portable
Beverage machine	Harrowbeds		Shoe repair
Billboard	Harrows	Laboratory	Shop equipment
Billiards	Harvester	Landscape maintenance	Signage, indoor & outdoor
Blue print machine	Hay hopper	Laundry	Silkscreen
Bowling alley	Hay fluffer	Coin operated	Slot machine
Broadcasting	Hay loader	Dry cleaning	Snowmobile
Burglar alarm system	Hay squeeze	Route service	Soft drink equipment
	Laser level equipment	Lawn mowing/maintenance	Spray paint booth
<b>Cable TV</b>	Machinery	Leasehold improvement	Stamping & engraving
Camera, closed circuit	Manure spreader	Library, law/medical	Storage building, portable
Car wash	Plough	Locker/shed	Store electronic
Carpet cleaning	Rake		Store fixtures/equipment
Cash register	Ripper	<b>Machine shop</b>	Surveying
Cell phone	Scraper	Machinery & equipment	
Cell site	Seeder	Mailing equipment	<b>Tack/saddle</b>
Cement processing	Semen tank	Maintenance	Telecommunications
Ceramics	Sprayer	Manufacturing	Telephone system
Chain saw	Swather	Martial arts	Television/monitor
Chiropractic	Tools	Masonry	Television repair
Cleaning service	Tractor	Medical office	Theater
Closed circuit TV	Wagon	Metal products & equip	Tire sales & service
Coffee brewing	Windrower	Mill & mine machinery	Tool & die
Coin wrap	Fax	Mining improvements	Tools, hand/misc small
Communications tower	Fax/copier combo	Mobile, frequent use	Tower, communications
Computer, hard & software	Fire/security	Mobile home park	
Concrete batch plant	Fixed equipment & machinery	Modular building/office	Unlicensed vehicles/trailers
Construction	Fixtures		Upholstery
Container/dumpster	Florist/gift shop	Nursery, day care	
Convalescent	Forklift	Nursery, horticulture	<b>Vacuum sales/service</b>
Cooler, drinking water	Funeral home		Vending/dispensing
Copier/fax combo	Furnishings, apartment	<b>Oil &amp; gas lease equipment</b>	Veterinary hospital
Copy machine	Furnishings, group qtrs	Optical	Video
Corral, portable	Furnishings, hotel	Oxygen cylinder	Cameras
Credit card machine	Furnishings, motel		Games/tapes
	Furnishings, patio	<b>Paging</b>	Production
<b>Day care/nursery</b>	Furniture	Paint spray booth	
Dental office		Painting	<b>Warehouse equipment</b>
Die & tool	<b>Gaming</b>	Photography	Washer/dryer
Dishwasher	Gasoline station equipment	Physical therapy	Water bottle/cooler
Distributing, wholesale	General maintenance	Plastics equipment	Welding
Doctor's office	Generator	Point of sale (POS)	Wholesale distributing
Donut shop	Gift/florist shop	Portable building	
Drilling	Golf carts	Postage equipment	<b>Yard maintenance</b>
Dry cleaning	Golf course equipment	Power generator	
	GPS engineering	Printing & publishing	
<b>Electrical manufacturing</b>	Grain equipment/storage	Propane tank & equipment	
Electronic/digital	Gravel/sand equipment	Publishing & printing	
Engineering/surveying	Gymnastics		
Engraving/stamping		<b>Radio communications</b>	

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

<b>Business Name</b> (Include any name doing business as)	<b>Type of Business</b>	<b>Business Telephone Number</b>	
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Federal Identification No.</b>	<b>Social Security No.</b>	<b>Contractor's Board License No.</b>	
<b>Name of Principal Owner</b> (Please Print)			<b>Principal Owner's Telephone No.</b>
<b>Principal Owner's Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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):

<b>Effective Date of Coverage</b>	<b>Account Number</b>
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- ( ) That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.
- ( ) That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

<b>Effective Date</b>	<b>Certificate Number</b>
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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

<b>Name of Applicant</b> (Please Print)	<b>Applicant's Telephone No.</b>
<b>Applicant's Residence Address</b>	<b>City</b> <b>State</b> <b>Zip Code</b>

I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Signature of Applicant</b> (To be signed in the presence of the business license office employee)	<b>Applicant's Title</b>
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<b>Witness Signature</b> - (Business License Office Employee)	<b>Name of City or County</b>
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**If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.**

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

## INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

**IMPORTANT NOTICE:** Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.