

HUMBOLDT COUNTY

APPLICATION FOR BUSINESS LICENSE RENEWAL

(APPLICATION MUST BE COMPLETED AND RETURNED WITH FEE)

THE UNDERSIGNED HEREBY APPLIES FOR RENEWAL OF LICENSE TO CONDUCT THE BUSINESS OF:

BUSINESS ADDRESS: _____

IN THE COUNTY OF HUMBOLDT, NEVADA FOR THE PERIOD OF BEGINNING _____ THROUGH _____

FEE DUE ON OR BEFORE _____

IF YOU ARE NO LONGER CONDUCTING BUSINESS IN HUMBOLDT COUNTY, PLEASE WRITE CANCEL ON THIS FORM. SIGN IT, AND RETURN TO OUR OFFICE AT THE ADDRESS BELOW.

APPLICANT ESTIMATES THAT GROSS INCOME FROM SAID BUSINESS (CONDUCTED OUTSIDE THE CITY LIMITS OF WINNEMUCCA) FOR THE ABOVE STATED PERIOD, WILL BE BETWEEN \$ _____ AND \$ _____

FULL NAME OF APPLICANT _____

SOCIAL SECURITY NO./EMPLOYER ID NO. _____

MAILING ADDRESS _____

CONTRACTOR'S NO./SALES TAX PERMIT NO. _____

PHONE _____ EMAIL _____

THIS BUSINESS LICENSE IS IN COMPLIANCE WITH THE HUMBOLDT COUNTY ASSESSOR'S REQUIREMENTS _____
(APP. INITIALS)

THIS BUSINESS LICENSE HAS AN ACTIVE STATE OF NEVADA BUSINESS LICENSE, WITH THE SECRETARY OF STATE _____
(APP. INITIALS)

X _____

SIGNATURE OF APPLICANT

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

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 \$250,000 BUT LES THAN \$500,000	\$150.00
OVER \$500,000	\$250.00
WHOLESALE DELIVERY BUSINESS LICENSE FEE	\$100.00

LATE PAYMENT PENALTY IS 25 PERCENT OF DELINQUENT AMOUNT PER MONTH OVERDUE. PAYMENT MUST BE RECEIVED BY _____ (PENALTY DATE)

PLEASE COMPLETE THIS APPLICATION AND RETURN TO THE HUMBOLDT COUNTY BUSINESS LICENSE DEPARTMENT, COUNTY ANNEX, PLANNING DEPARTMENT, 25 W. FOURTH ST., WINNEMUCCA, NV 89445. ENCLOSE PAYMENT DUE ACCORDING TO ABOVE SCHEDULE.

LICENSE NO. _____
POSTED _____

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)

1st person to call: _____ Phone #: _____
Address: _____ Cell #: _____

2nd person to call: _____ Phone #: _____
Address: _____ Cell #: _____

3rd 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 #: _____