



**LYON COUNTY SUPPLEMENT**  
**FOR REPORTING GAMING FEES**

Date of Report: \_\_\_\_\_

Name of Business (located in Lyon County): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Lyon County Account Number: \_\_\_\_\_

Holder of State Gaming License: \_\_\_\_\_

Name of Slot Route Operator: \_\_\_\_\_

Party Responsible to Pay License Fees: \_\_\_\_\_

Phone and Contact Person: \_\_\_\_\_

Mailing Address of Responsible Party: \_\_\_\_\_

Town, State and Zip: \_\_\_\_\_

Number of Slot Machines _____ @ 30.00 per quarter .....	= _____
Number of Bingo Games _____ @ 150.00 per quarter .....	= _____
Number of Keno Games _____ @ 150.00 per quarter .....	= _____
Number of 21 Tables _____ @ 150.00 per table .....	= _____
Number of Poker Tables _____ @ 75.00 per table .....	= _____
Number of Craps Tables _____ @ 150.00 per table .....	= _____
Sports Pool or Race Book _____ @ 150.00 per Book .....	= _____

Date Installed \_\_\_\_\_

Check if Fees are Pro-rated

Total Fees Paid with This Report: ..... \$ \_\_\_\_\_

**\*\*These fees can be pro-rated at \$10.00 per machine per month.\*\***

**Please remit payment to:** Lyon County Clerk Treasurer, 27 South Main Street,  
Yerington, NV 89447 Phone: (775) 463-6501 or (775) 577-5033

## 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.

<b>1</b>	I Am Applying For:	<input type="checkbox"/> Unemployment Insurance <small>(Employment Security Division - ESD)</small>	<input type="checkbox"/> State Business License, Sales/Use Tax Permit, Modified Business Tax <small>(Department of Taxation)</small>	<input type="checkbox"/> Local Business License	<b>SEND A COPY TO EACH AGENCY</b>						
<b>2</b>	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address	<input type="checkbox"/> Other				
<b>3</b>	Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp.	<input type="checkbox"/> Publicly Traded Corp.	<input type="checkbox"/> Privately Held Corp.	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Other
<b>4</b>	Corporate/Entity Name:						Corporate/Entity Telephone	<b>5</b>	Federal Tax Identification Number		
<b>6</b>	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			
<b>7</b>	Nevada Name (DBA):							Business Telephone	Fax		
<b>8</b>	E-mail Address:				Website Address:						
<b>9</b>	Mailing Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #				City, State, and Zip Code +4					
<b>10</b>	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					
<b>11</b>	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: ( )	
<b>12</b>	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			
<b>13</b>	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					
<b>14</b>	<b>PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS</b>										
<input type="checkbox"/> Mining <input type="checkbox"/> Domestic <input type="checkbox"/> Outside Dining <input type="checkbox"/> Water Appropriation <input type="checkbox"/> Adult Materials/Activity <input type="checkbox"/> Amusement Machines <input type="checkbox"/> Resident Agent <input type="checkbox"/> Service <input type="checkbox"/> Agriculture <input type="checkbox"/> Home Occupation <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Leased or Leasing Employees <input type="checkbox"/> Alcohol <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Tobacco <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Sales—New <input type="checkbox"/> Construction/Erection <input type="checkbox"/> Leasing (Other than Employees) <input type="checkbox"/> Gaming <input type="checkbox"/> Mortgage Brokers <input type="checkbox"/> Delivery <input type="checkbox"/> Transportation <input type="checkbox"/> Retail Sales—Used <input type="checkbox"/> Telephone Solicitation <input type="checkbox"/> Supply/Use Temporary Workers <input type="checkbox"/> Health Services <input type="checkbox"/> Banker <input type="checkbox"/> Wholesale <input type="checkbox"/> Not for Profit <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Environmental Discharge <input type="checkbox"/> Regulated by Federal/State Permit Number _____ <input type="checkbox"/> Other _____											
<b>15</b>	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%.										
<b>16</b>	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: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other				Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> 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:						
<b>17</b>	I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. <b>**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.</b>										
**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