

**PLEASE DO NOT TURN IN YOUR
LYON COUNTY BUSINESS LICENSE APPLICATION UNTIL
ALL OF THE FOLLOWING ARE INCLUDED:**

Before applying for a business license, you must make sure that your business is allowed in your particular zone and find out whether a special use permit is required for the type of activity you will be doing. Questions on special use permits can be directed to the Lyon County Planning Department at (775) 463-6592.

- Lyon County Business License Application form, with sign-offs that apply in your case. Bottom must have original signature of one owner or corporate officer/LLC member.
- Copy of State Business License (or letter of exemption or compliance from the Nevada Secretary of State – (775) 684-5708 or www.nvsos.gov)
- Copy of Sales/Use Tax Permit (or letter of exemption or compliance from the Nevada Department of Taxation – (775) 684-2000) or www.nevadatax.nv.gov
- Fictitious Firm Name form, (if applicable), completed, showing owners/corporate officers/LLC members and with the original, notarized signature(s) that apply in your case. A separate check for the \$20.00 filing fee must be included.
- State Industrial Insurance form, properly completed and with an original, notarized signature of an owner/corporate officer/LLC member. In lieu of a notarized signature, the form may be signed in front of us or you may include a valid Worker's Compensation Certificate.
- Child Support form(s) properly completed and signed.
- Emergency Responder Form, (for all commercial/industrial locations in Lyon County)
- Home Occupation Form, (if it applies in your case.)
- Copy of Special Use Permit, (if it applies in your case.)
- Supporting documentation which applies in your case (examples: Registration with Nevada Secretary of State's Office if you are a corporation or LLC, State Contractor's License, Real Estate License, Massage Board License, Pest Control License from Dept. of Agriculture, Board of Cosmetology License, Board of Architecture License, etc.)
- Proper business license fees.

If starting after October 1, please contact our office for correct fees. Statements are mailed in June of each fiscal year. Because this is the only bill you will receive, it is your responsibility to pay fees at the appropriate times. If your fees are more than \$150 and you choose to pay quarterly, the due dates are July 1, October 1, January 1 and April 1.

If you are uncertain about any of the above, please contact this office.

Failure to adhere to the above or if written illegibly, will result in everything being returned to you to be corrected and resubmitted.

If you should have any questions, please contact us:

Lura Panici	(775) 463-6501	fax: (775) 463-5305	lpnanci@lyon-county.org
Cathy Beckett	(775) 463-6501	fax: (775) 463-5305	cbeckett@lyon-county.org

LYON COUNTY BUSINESS LICENSE APPLICATION

RETURN TO: LYON COUNTY CLERK AND TREASURER, 27 S. MAIN STREET, YERINGTON, NV 89447

Phone: (775) 463-6501 or (775) 577-5033 FAX (775) 463-5305

I am applying for:

New business Change ownership Change location Change name Change corporate officers Change mailing address

Business entity type:

Sole proprietor Corporation Association Partnership Limited Liability Company Other

Corporate/Entity Name _____ Telephone _____ Federal Tax ID # _____

Corporate/Entity Address _____ State of Incorporation or Formation _____

Nevada name (DBA) _____ Business telephone _____ Fax _____

Email address _____ Assessor's parcel # _____

Mailing address _____

Location of Lyon County operation _____

Location of business records _____ Telephone # _____

List all owners, partners, corporate officers, managers, members, etc. Attach additional sheets if necessary.

Last, First, MI _____ Title _____ Percent owned _____ DOB _____

Residence Address(street, city, state, zip) _____

Last, First, MI _____ Title _____ Percent owned _____ DOB _____

Residence Address(street, city, state, zip) _____

SECRETARY OF STATE BUSINESS LICENSE # _____ STATE SALES/USE PERMIT # _____

MANDATORY WORKER'S COMP INS ACCT # _____ MFG HOUSING S & I CERT # _____

NV STATE CONTRACTORS LIC # _____ CLASSIFICATION _____ LIMIT _____

ANNUAL FEE BASED ON NUMBER OF EMPLOYEES INCLUDING OWNERS.
(Owners also include partners, corp. officers, members, managers, etc.)

1 - 3 employees . . . \$150.00 annually,
4 -15 employees . . . \$188.00 annually, \$ 47.00 quarterly.
16-50 employees . . \$338.00 annually, \$ 84.50 quarterly.
51-on employees . . \$900.00 annually, \$225.00 quarterly.

Number of owners /officers _____

Number of employees
working within the County _____

Annual Fee _____

Describe in detail the nature of your business in Lyon County, including product sold, labor performed and/or services rendered.

NV STATE HEALTH DEPT. -----APPROVED () DENIED () _____
687-7533 Signature of inspector

FIRE INSPECTOR -----APPROVED () DENIED () _____
246-6300, 463-6535 or 465-2577 Signature of inspector

BUILDING INSPECTOR -----APPROVED () DENIED () _____
463-6591 Signature of inspector

UTILITIES INSPECTOR -----APPROVED () DENIED () _____
246-6220 (Commercial/Industrial locations in Dayton/Mound House only) Signature of inspector

PLANNING DIRECTOR -----APPROVED () DENIED () _____
463-6592 Signature of inspector

ZONING _____ AND 2003 IBC BUILDING OCCUPANCY CLASSIFICATION _____

IT IS YOUR RESPONSIBILITY TO CALL AND MAKE THE INSPECTION APPOINTMENTS WITH THOSE DEPARTMENTS REQUIRED. ALL APPLICABLE SIGNATURES MUST BE OBTAINED BEFORE YOUR APPLICATION CAN BE PROCESSED AND PLACED ON THE NEXT COMMISSIONER'S AGENDA FOR FINAL APPROVAL.

I CERTIFY AND DECLARE THAT THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**Signatures must be 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.

**Signature of responsible party	Print name and title	Date
**Signature of responsible party	Print name and title	Date

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.	Social Security 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
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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.

Effective Date	Certificate Number
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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

Name of Applicant (Please Print)	Applicant's Telephone No.
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Applicant's Residence Address	City	State	Zip Code
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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
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Witness Signature - (Business License Office Employee)	Name of City or County
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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

CHILD SUPPORT INFORMATION FORM

(Pursuant to NRS 425.520, the statement below must have the appropriate box checked and the bottom filled out and signed or the issuance or renewal of the business license will be denied. This does not apply to Corporations, S-Corps, or Limited Liability Companies.)

1. I am not subject to a court order for the support of a child
2. I am subject to 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 for 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 a plan by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

APPLICANT'S NAME (Printed): _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

Signature of Applicant

Date



**LYON COUNTY SHERIFF'S DEPARTMENT – 911 COMMUNICATIONS DIVISION
RESPONSIBLE PARTY REPORT
(775) 463-6620**

INSTRUCTIONS: This report will assist the 911 Communications Center with making appropriate contacts in the event that your business or building is involved in a criminal event or other emergency incident. Please take a few moments to fill out this form and return it to:

**Lyon County Sheriff's Department – 911 Communications Division
30 Nevin Way
Yerington, NV. 89447**

BUSINESS NAME:				
PHYSICAL ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP
MAILING ADDRESS (NUMBER AND STREET) <input type="checkbox"/> SAME AS ABOVE		CITY	STATE	ZIP
BUSINESS NUMBER	BUSINESS NUMBER	BUSINESS FAX		

RESPONSIBLE PARTY INFORMATION

Please list the names and telephone numbers of personnel that we can contact in the event there is criminal activity or other emergency at your business

NAME	HOME TELEPHONE	CELL PHONE	OTHER PHONE

PAY TELEPHONE INFORMATION

Please indicate if your business has public pay telephones, if so please provide us with the telephone number and location of each phone. This information helps us determine where to send help in the event that 911 is called from a pay phone

Our business has no pay phones

NUMBER	LOCATION

Do you have any other information about your business that we would need to know to ensure your safety as well as the safety of responding emergency services personnel?