

**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	lpatici@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 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

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

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

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.		
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
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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

LYON COUNTY PROVISIONS REGULATING HOME OCCUPATION

The Home Occupation Provision is included in recognition of the needs of many people who are engaged in small business ventures which could not be sustained if it were necessary to lease commercial quarters, or which in the nature of the home occupation could not be expanded to full scale enterprise. It is the intent, however, of the ordinance that full scale commercial or professional operations which would ordinarily be conducted in a commercial or industrial district continue to be conducted in such districts and not in residential districts.

In granting a business license, it is necessary to verify that the subject property will be used in conformance with the county's zoning ordinance. Please read the following information and complete the form as indicated. If you have any questions or require further information please contact Cathy Beckett or Lura Panici at (775) 463-6501 or email them at cbeckett@lyon-county.org or lpanici@lyon-county.org.

10.01.04.26: HOME OCCUPATION:

A use customarily carried on by a dwelling occupant and incidental to the primary residential purpose, provided the residential character of the property is not changed. Such uses are subject to the following: (Ord. 427, 6-19-1997, eff. 7-4-1997; amd. Ord. 525, 10-2-2008)

A. Not more than one occupation in any single dwelling. (Ord. 374, 11-5-1992, eff. 11-27-1992; amd. Ord. 525, 10-2-2008)

B. Such use shall be confined to the occupants of the dwelling and shall be limited to two (2) persons; except, that if the home occupation shall consist of childcare for hire, the following special limitations shall apply:

1. An occupant of a dwelling may care for not more than six (6) children, other than children of the occupant, as a permitted use in any residential zone, provided there is no interference with the quiet enjoyment of the residential neighborhood, and provided that the childcare is conducted in such a manner as not to pose any risk of harm to children.
2. An occupant may care for seven (7) to twelve (12) children, other than children of the occupant, as a special use in any residential zone, provided the occupant first obtains a special use permit, such permit to include, as conditions, that there is no interference with the quiet enjoyment of the residential neighborhood, that the childcare is conducted in such a manner as not to pose any risk of harm to children, and such other conditions as the commission and board shall deem proper.
3. All childcare for hire required to be licensed by the state shall obtain such license.
4. All home occupation childcare operations shall comply with all other provisions of this title, other county ordinances and state and federal laws, rules and regulations. (Ord. 427, 6-19-1997, eff. 7-4-1997; amd. Ord. 525, 10-2-2008)

C. No sale of goods, samples, materials or other objects on the premises, nor any storage or manufacture thereof.

D. Not more than one room containing not more than twenty five percent (25%) of the total ground floor area of the dwelling for such use.

E. A sign not larger than seventy two (72) square inches in connection thereto.

F. No addition, alteration or remodeling which would change the residential character of the unit.

G. No occupation which would or might produce noise, odor, dust, smoke or electrical disturbance or in any way interfere with the peace, contentment and general welfare of the area.

H. The use of special equipment or the repair or the manufacture of goods or equipment may be approved subject to conditions.

I. No home occupations of any use entailing food handling, processing or packing, harboring of animals, automobile body and/or fender repair or similar activity.

J. No home occupation is exempt from obtaining a county business license by virtue of being a home occupation, and failure to obtain a business license where required shall be punishable as provided in title 5, chapter 1 of this code.

K. The home occupation must not cause any parking or traffic congestion within the immediate area.

L. The holder of the business license for the home occupation must reside on the premises where the home occupation is occurring.

M. All persons conducting home occupations shall comply with all federal, state and county laws, ordinances, rules and regulations.

N. Occupations which require that customers come to the place of business are not permitted as home occupations; except, that where home occupation childcare is authorized, parents may visit the place of care for the limited purpose of dropping off and picking up children. Persons conducting home occupation childcare shall ensure that such coming and going does not interfere with quiet enjoyment of the neighborhood or block access to the property of others.

Once this statement is signed, it will become part of your business license record with Lyon County.

Please answer a few questions pertaining to the nature and activity of your business:

Percentage of house involved % _____ Foot traffic? yes ___no___ Employees? yes ___no___

How do you advertise _____ Signage? yes ___no___ Where will it be? _____

What type of marketing and/or distributing is involved? _____

Is any type of machinery used? yes ___no___ If so, what type? _____

Do you store material on site? yes ___no___ Quantity of product made _____

Are chemicals used or stored on site? yes ___no___ Percentage of day spent on business? % _____

Are materials stored outside and/or in view of neighbors? yes ___no___

Write a detailed description of process: _____

I _____ will be conducting business as _____ at my home address located at _____. I have read the above information and if granted a home occupation business license, I agree to comply with these regulations as set forth above.

Applicant's signature _____ **Date** _____

LYON COUNTY PROVISIONS REGULATING RESIDENTIAL INDUSTRY

The Residential Industry Provision is included in recognition of the needs of many people who are engaged in small business ventures which could not be sustained if it were necessary to lease commercial quarters, or in which the nature of the business does not fall within the home occupation definition and operated within the home. A special use permit is required for this type of business and must be granted before the business license is issued. It is the intent, however, of the ordinance that full scale commercial or professional operations which would ordinarily be conducted in a commercial or industrial district continue to be conducted in such districts and not in residential districts.

In granting a business license, it is necessary to verify that the subject property will be used in conformance with the county's zoning ordinance. Please read the following information and complete the form as indicated. If you have any questions or require further information please contact Cathy Beckett or Lura Panici at (775) 463-6501 or email them at cbeckett@lyon.-county.org or lpnici@lyon-county.org.

10.01.04.51: RESIDENTIAL INDUSTRY:

The creation, construction, fabrication or assembly of artwork or craftwork within a dwelling, store or shop or within an accessory building thereto.

A. Specific uses permitted are pottery work, jewelry making, metalwork not using equipment larger than hand tools, woodworking, sign painting, homemade clothing, leatherwork, lapidary, painting, sculpture, and similar uses.

B. When allowed in a residential district, no public display of stock in trade shall be allowed within the dwelling or accessory buildings nor shall the use change the residential character of the dwelling.

C. When allowed in a commercial district, the use shall not change the retail nature of the store or shop.

D. The use shall not cause any sustained, unpleasant or unusual noises, vibrations, noxious fumes or odors nor cause any parking or traffic congestion within the immediate area thereof. (Ord. 374, 11-5-1992, eff. 11-27-1992; amd. Ord. 525, 10-2-2008)

Once this statement is signed, it will become part of your business license record with Lyon County.

Please answer a few questions pertaining to the nature and activity of your business:

Percentage of house involved % _____ Foot traffic? yes ___no___ Employees? yes ___no___

How do you advertise _____ Signage? yes ___no___ Where will it be? _____

What type of marketing and/or distributing is involved? _____

Is any type of machinery used? yes ___no___ If so, what type? _____

Do you store material on site? yes ___no___ Quantity of product made _____

Are chemicals used or stored on site? yes ___no___ Percentage of day spent on business? % _____

Are materials stored outside and/or in view of neighbors? yes ___no___

Write a detailed description of process: _____

I _____ will be conducting business as _____ at my home address located at _____. I have read the above information and if granted a home occupation business license, I agree to comply with these regulations as set forth above.

Applicant's signature _____ 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?

LYON COUNTY SHERIFF

Al McNeil
Sheriff



"Protect and Serve"

Locksmith Work Card Application

Name _____

Alias/Maiden _____

Address _____

Drivers License # _____ State _____ SOC _____

DOB _____ HGT _____ WGT _____ Sex _____ Race _____ Hair _____ Eyes _____

POB _____ Citizenship _____

Alien Reg. # _____

Employer _____ Position _____

HAVE YOU EVER BEEN ARRESTED? _____

Date	Charge	City	State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAILURE TO LIST ALL ARRESTS, REGARDLESS OF CONVICTION OR DISMISSAL, MAY RESULT IN THE REVOCATION/DENIAL OF YOUR WORK PERMIT PER NRS: 655.070

APPLICANTS SIGNATURE _____

INTERVIEWERS SIGNATURE _____

Approved _____ Denied _____

Expiration Date _____



“Protect and Serve”

CHILD SUPPORT INFORMATION

Date: _____ Employer: _____

Name :(Please print): _____

Home Address: _____
(Number and Street) (City) (State) (Zip Code)

Date of Birth: _____ Social Security #: _____

Mark ONE of the three appropriate statements with an “X”. Your work permit will not be processed if you do not answer one of the following:

_____ I am not subject to a court order for child support

_____ I am in compliance with a court order of repayment plan for child support. (“In compliance” means you have paid the entire amount ordered every month.)

_____ I am not in compliance with a court order or repayment plan for child support. This means you have been court ordered to pay child support and you have not been making payments.

Applicant’s Signature

The court order or repayment plan must be approved by the District Attorney’s office or other public agency enforcing the order.



"Protect and Serve"

AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes the Lyon County Sheriff's Office or its agents to receive and record any information pertinent to a background investigation of my personal and business life for the purpose of doing business in Lyon County as a Locksmith. This authorization is limited for use only for official purposes and is not to be used or information supplied to any private or unauthorized agency.

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of descriptions which identify the subject and notation of arrest, detention, indictments, information or other formal charges and dispositions of charges, including dismissals, acquittals, convictions, correctional supervision and release.

_____	_____	_____
Print Name	Signature of Applicant	Date
_____	_____	_____
Date of Birth	Social Security Number	

TYPE OF IDENTIFICATION PRODUCED:

Driver License Number _____ State _____ Expiration Date _____

Identification Card Number _____ State _____ Expiration Date _____

LYON COUNTY SHERIFF

Al McNeil
Sheriff



"Protect and Serve"

BACKGROUND INVESTIGATION WAIVER AND LIABILITY RELEASE

In consideration for the processing of my application for a

_____, I _____

do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the County of Lyon, the Lyon County Sheriff's Office, its officers, agents or employees and any and all persons or entities who shall furnish any information or opinions to the above designated persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, any person or entity contacted by Lyon County, the Lyon County Sheriff's Office, its officers, agents or employees, during the course of my background investigation, to furnish to said persons or entities any and all information that they may have, including any confidential or privileged information, pertinent to a background investigation of my personal and business life for the purpose of obtaining the aforementioned license.

INVESTIGATION DISCOVERY WAIVER

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever that may occur to myself, my heirs or my personal representative(s).

Dated this _____ day of _____, 20_____.

Signed: _____

Subscribed and sworn to before me
this _____ day of _____, 20____,
by _____.

Notary Public



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Lyon County Sheriff's office that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 18 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 100 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) Lyon County Sheriff's office, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officers, agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____ Date: _____

Submitting Agency: Lyon County Sheriff

Address: 911 Harvey Way #1, Yerington, NV 89447

Agency representative:

Agency representative's Signature: _____ Date: _____