



**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 Code: \_\_\_\_\_

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

Please see instructions regarding form detail and online registration options.

<b>1</b>	<b>I Am Applying For:</b>		<input type="checkbox"/> Unemployment Insurance <small>*(Employment Security Division - ESD)</small>	<input type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> 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"/> Other			
	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Mailing Address				
	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Add Location					
<b>3</b>	Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Association	<input type="checkbox"/> LLLP	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Government Entity	
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other	
<b>3A</b>	If LLC please check Federal tax filing type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership			
<b>4</b>	Corporate/Entity Name <small>(as shown on State Business License):</small>			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>	Nevada Business Identification #: (11 digits) <b>NV</b>			
<b>10</b>	Mailing Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	City, State, and Zip Code +4				
<b>11</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>12</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>13</b>	<b>List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.</b> <b>** The Department of Taxation &amp; Employment Security Division are the only agencies to require a SSN.</b>						
	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>14</b>	Date Business Started in Nevada	Date Nevada Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll	Number of Employees	
<b>15</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"/> Registered 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"/> Tire Sales	<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 _____	
	Medical Marijuana						
<b>16</b>	<b>Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered.</b> State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.						
<b>17</b>	<b>If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:</b>						
	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>18</b>	<b>* Signatures must be that of a responsible party *</b>						
	<b>I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.</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 A COPY FOR YOUR RECORDS**

# NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

**WHO ACCEPTS THIS FORM?** The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Some local governments may accept this form.

**WHAT OTHER INFORMATION MUST I PROVIDE?** When applying with the Department of Taxation: All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying with the Employment Security Division: If you employ agricultural or domestic workers or are a non-profit agency, you must complete a Supplemental Registration with ESD.

If you haven't yet received or applied for a Nevada State Business License, please contact the Nevada Secretary of State at (775) 684-5708 or complete your registration online at <https://www.nvsilverflume.gov>.

## LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

1. **I Am Applying For:** Check the boxes that apply. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
2. **Check All Box(es) That Apply.**
3. **Business Entity Type:** Indicate entity type as filed with the Secretary of State.
- 3A. **If LLC:** Indicate type of entity as filed with the IRS.
4. **Corporate/Entity Name:** Enter the name as registered with the Secretary of State for the State Business License. Include a telephone number.
5. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/businesses>. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
6. **Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
7. **Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
8. **E-mail Address / Website Address:** Enter Email and Website Address information.
9. **Nevada Business ID Number:** Enter the number as shown on your State Business License or exemption issued by the Secretary of State.
10. **Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
11. **Location(s) of Nevada Business Operations:** Enter the physical location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations. You may not use a PO Box.
12. **Location of Business Records:** Enter the physical address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
13. **List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), Social Security Number, date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
14. **Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
15. **Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
16. **Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
17. **Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
18. **Signature Required: Legal signatures include: sole proprietor-owner, corporate officer, managing member and partners.**

Toll Free (In State) for All State of Nevada.....	<b>800-992-0900</b>
<b>Nevada Department of Taxation: Online Registration: <a href="https://www.nevadatax.nv.gov">https://www.nevadatax.nv.gov</a> – Website: <a href="http://www.tax.nv.gov">http://www.tax.nv.gov</a></b>	
Call Center Toll Free Taxation Help Desk .....	(866) 962-3707
Las Vegas..... 555 E Washington Avenue • Suite 1300 • Las Vegas Nevada • 89101.....	(702) 486-2300
Reno..... 4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502.....	(775) 687-9999
Carson City.... 1550 College Parkway • Suite 115 • Carson City, NV • 89706.....	(775) 684-2000
<b>Nevada Employment Security Division (ESD): Online Registration: <a href="https://uitax.nvdetr.org">https://uitax.nvdetr.org</a> – Website: <a href="http://www.nvdetr.org">www.nvdetr.org</a></b>	
Las Vegas .....	(702) 486-0250
Reno .....	(775) 823-6680
Statewide (Mailing)..... 500 E Third Street • Carson City, NV • 89713-0030 ..	(775) 684-6300
<b>Nevada Department of Wildlife: (Industrial Artificial Pond Permit) – Website: <a href="http://www.ndow.org">www.ndow.org</a></b> .....	(775) 688-1500
<b>Nevada Secretary of State:</b> .....	(775) 684-5708
For more information regarding local and state business licensing please visit Nevada's online Business Portal at <a href="https://www.nvsilverflume.gov">https://www.nvsilverflume.gov</a> .	

**NEVADA DEPARTMENT OF TAXATION**  
**SUPPLEMENTAL REGISTRATION**

Please print clearly — Use black or blue ink only  
 Please mark applicable type(s) (See Instructions)

<b>For Department Use Only</b>
TID: _____
Dept. of Taxation Representative accepting application: _____

Sales/Use Permit     Consumer Use Tax Permit     Certificate of Authority     Live Entertainment Tax

1.	DBA (as shown on the Nevada Business Registration Form): _____		
2.	Business telephone number: _____	3.	List STATE of incorporation or formation if applicable: _____

**FEES AND SECURITY DEPOSIT**

4.	Estimated total monthly receipts: _____	6.	Estimated total Nevada monthly TAXABLE receipts: _____
7.	Reporting cycle (check choice of reporting) Sales Tax Accounts with over \$10,000 a month in TAXABLE sales must report monthly.		
	Sales/Use Tax	Monthly	Quarterly
	Use Tax	<input type="checkbox"/>	<input type="checkbox"/>
	Live Entertainment Tax	<input type="checkbox"/>	<input type="checkbox"/>
	Occupancy	<input type="checkbox"/> 200-7,499	<input type="checkbox"/> 7,500 or More
8.	Security (See Instructions)		
	<input type="checkbox"/> Cash _____	<input type="checkbox"/> Surety # _____	<input type="checkbox"/> Annual
9.	Sales Tax Fee (See instructions): _____	10.	Total Nevada Business Locations: _____

**OTHER INFORMATION**

Name of spouse/relative	Address of spouse/relative	Phone number of spouse/relative
Name of other contact	Address of other contact	Phone number of other contact
Accountant/bookkeeper	Address of accountant/bookkeeper	Phone number of accountant/bookkeeper
Other employment (If applicable):		
Company name: _____		Company name: _____
Name of bank/financial institution – location / account number: _____		
Business account: _____		
Personal account: _____		

**FOR DEPARTMENT USE ONLY**

ST/UT No.: \_\_\_\_\_ MBT No.: \_\_\_\_\_

Combine Accts:  Yes  No    Previous Acct: \_\_\_\_\_    Previous Acct Cancelled:  Yes  No

Comments: \_\_\_\_\_

Cash     Check    ABA #: \_\_\_\_\_    Bank: \_\_\_\_\_    Branch: \_\_\_\_\_

\*\*For an introduction to the Department and general information, see our Taxpayer Information Packet Online at [www.tax.nv.gov](http://www.tax.nv.gov) \*\*

SUPPLEMENTAL APPLICATION

# SUPPLEMENTAL REGISTRATION INSTRUCTIONS

**Sales/Use Tax** — A business which sells tangible personal property at retail or wholesale, and has a physical location in Nevada or enters Nevada to conduct business

**Consumer Use Tax** — This permit allows a Nevada business, not required to hold a Nevada Sales/Use Tax permit, to pay use tax directly to the State on tangible personal property purchased from a vendor not registered to collect Nevada sales tax. Example: Contractors who do not make sales and only purchase building materials for their own use from out of state. All businesses required to register for the State Business License that purchase tangible personal property for storage, use or other consumption in Nevada must also register for use tax. Registering for use tax does not require payment of a fee, nor does it require security.

**Certificate of Authority** — This permit is available to out-of-state businesses having no jurisdiction or nexus in Nevada. The permit allows an out-of-state business, who is not required to hold a Nevada Sales/Use Tax permit, to voluntarily register in order to collect and remit use tax as a convenience for its Nevada customers. This permit does not require payment of a fee, nor does it require security.

**Live Entertainment Tax (LET)** — Monthly tax is based on admission charges, merchandise, food and refreshment sales for non-gaming facilities providing live entertainment with maximum occupancy of 200 to 7,499. Monthly tax is based on admission charges only for non-gaming facilities providing live entertainment with occupancy of 7,500 or more. If the maximum occupancy is under 200, no tax liability exists. Maximum occupancy that meets or exceeds 200 must register for the Live Entertainment Tax. Maximum occupancy means the maximum occupancy of the facility as determined by the State Fire Marshal or local governmental agency.

**1. DBA** - Name doing business as

**2. Business Telephone Number** – please include area code

**3. State of Incorporation or Formation** – foreign corporations must be registered with the Nevada Secretary of State's Office to do business in Nevada

**5. Estimated Total Monthly Receipts** – this is the total of all gross receipts including wholesale sales, services necessary to complete the sale, exempt sales, etc

**6. Estimated total Nevada monthly TAXABLE receipts** – this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, labor, exempt sales, etc

**7. Reporting Cycle** – Please indicate filing frequency desired. Sales or purchases exceeding \$10,000 require monthly reporting. Options may not apply to certain tax types.

**8. Security** — Check off type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, compute your average monthly taxable sales. Multiply taxable Nevada sales by the highest tax rate in Nevada, which is 8.10% as of 07/01/09. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. A security deposit will not be required if the amount calculated does not exceed \$1,000. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.

**9. Sales Tax Fee** – A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (#10) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00).

**10. Total Nevada Business Locations** – number of physical locations in Nevada

**11. Other Information** – please include other authorized contacts.

**Note: Modified Business Tax (MBT) – General Business (MBTGB) / Modified Business Tax - Financial Institutions (MBTFI)** is a Quarterly tax based on gross wages reported to the Employment Security Division. There is an allowable deduction for qualified health insurance or plan. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency.

**THIS FORM MUST BE SUBMITTED WITH YOUR  
NEVADA BUSINESS REGISTRATION FORM**