Lyon County Business License Division
27 S. Main Street
Yerington, NV 89447
(775) 463-6501 | Businesslic@lyon-county.org

Staci Lindberg
Clerk/Treasurer

LYON COUNTY BUSINESS LICENSE CHECK LIST

The following information is required to complete your Lyon County Business License application:

☐ **BEFORE APPLYING:** Per Lyon County Code 5.01.02, Nonprofit Service Organizations are exempt from obtaining a Lyon County Business License. We also kindly ask that you please contact the Lyon County Planning Department to make sure that your business is allowed in your particular zone at (775) 463-6592.

☐ **State Of Nevada Business License:** All businesses wishing to operate in Lyon County must provide a copy of the state business license, confirmation letter or compliance letter with your application. Please visit the Secretary of State's website at www.nvsos.gov or apply online at www.nvsilverflume.gov, or call (775) 684-5708.

☐ **State of Nevada Occupational Licensing:** Certain occupations operating in the State of Nevada are required to obtain a Trade License (i.e. Contractors, Cosmetologists, Real Estate Brokers, Finance Companies, Marijuana Dispensaries, etc.) This licensing must be obtained prior to applying for your Lyon County Business License and a copy must be attached to your application.

☐ **State Sales/Use Tax Permit:** All applicants must provide a copy of a Nevada Sales or Use Tax Permit, a copy of the compliance letter or exemption letter. You can contact the Nevada Department of Taxation at their website at www.tax.state.nv.us or apply online at www.nvsilverflume.gov or by phone at (866) 962-3707, opt 8.

☐ **Fictitious Firm Name form:** This is a required form for every person, corporation, LLC or entity doing business as any other name other than the owner name listed on your State Business License. Please complete showing owners listed on your State of Nevada documentation and with the original, notarized signature(s) that apply in your case. ***A separate check for the $25.00 filing fee must be included.***

☐ **State Industrial Insurance form:** This is a required form that must be properly completed and with an original signature of an owner/corporate officer/LLC member.

☐ **Inspections:** All businesses within Lyon County may require inspections from the Building Dept, Fire Dept, Utility Dept, zoning verification and approval from the Lyon County Planning Department. **It is the applicant's responsibility to contact and schedule the inspections with the planning department** by calling *775-463-6592* or emailing *sjuntunen@lyon-county.org*. Any business licenses involving food will not be able to schedule inspections until a State Health Department sign off has been obtained. **ALL APPLICABLE SIGNATURES MUST BE OBTAINED BEFORE YOUR APPLICATION CAN BE PROCESSED.**

☐ **Child Support Form(s):** This is a required form which must be properly completed and signed by all members/ owners listed on your State of Nevada documentation.

☐ **Emergency Responder Form:** This is a required form which must be properly completed and signed for all commercial/industrial locations in Lyon County. Home Based Businesses are not required to fill this out.

☐ **Application Fee:** ***A $37.50 nonrefundable application fee shall accompany initial application.*** Proper business license fees will be calculated and required at time of issuance of license once approved. Please contact our office for final amount.

☐ **Other Important Information:** Business Licenses are valid for a single business and is non-transferable. Billing statements (renewal notices) are mailed out in June of each fiscal year. This is the only bill you will receive. All regular business license fees are due July 1st, with a 15 day grace period before a penalty of 15%will be applied. Per Lyon County Code 5.01.04 Item B, Failure to receive notice from the department is not a defense or excuse for non-payment of the license fee. If you do not wish to renew your business license in Lyon County, you must furnish us a written statement prior to expiration date, in order for us to close the account. Failure to adhere to the above or filled out forms that are unreadable will result in document package being returned to you to be corrected and resubmitted.

Please return application to:
Lyon County Business License Division
27 S. Main Street
Yerington, NV 89447
(775)463-6501 | Businesslic@lyon-county.org

LYON COUNTY BUSINESS LICENSE APPLICATION

Owner/Entity Name _____

FFN/DBA Name _____

Corporate/Entity Address_____

Location of Lyon County operation_____

Mailing Address_____

Federal Tax ID # _____ **Date on which business will open** _____

Business Phone _____ **Fax** _____ **Email**_____

Assessor's parcel _____ **Total # of Employees including Owners & Officers** __

State Business License # _____ **State Sales/Use Permit #**_____

MFG Housing S & I Cert #_____ **NV State Contractors Lic #**_____

Classification _____ **Limit** _____ **NAICS Code** _____

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

Last, First, MI_____**Title**_____

Residence Address _____

Last, First, MI_____**Title**_____

Residence Address _____

Silver Springs Mutual Water Co.	**Approved ( )**	**Denied ( )**	_____ **Signature of Inspector**
State of Nevada Health Department	**Approved ( )**	**Denied ( )**	_____ **Signature of Inspector**
Fire Department	**Approved ( )**	**Denied ( )**	_____ **Signature of Inspector**
Utilities Department	**Approved ( )**	**Denied ( )**	_____ **Signature of Inspector**
Planning Department	**Approved ( )**	**Denied ( )**	_____ **Signature of Inspector**
Building Department	**Approved ( )**	**Denied ( )**	_____ **Signature of Inspector**
Zoning _____ **And 2003 IBC Building Occupancy Classification**	**Approved ( )**	**Denied ( )**	_____ **Signature of Inspector**

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

_____
_____
_____
_____
_____
_____
_____
_____

We ask that you visit our website and read the following codes carefully as it contains important account Renewal, Suspension and Revocation information;

*Lyon County Code **5.01.11: LICENSE RENEWAL; WHEN NEW APPLICATIONS REQUIRED***

- *https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty_nv/0-0-0-1970*

*Lyon County Code **5.01.12: SUSPENSION AND REVOCATION OF STANDARD BUSINESS LICENSE; GROUNDS; PROCEDURE***

- *https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty_nv/0-0-0-1974*

I CERTIFY AND DECLARE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AS WELL AS ACKNOWLEDGE 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 and must match names listed on State of Nevada Documentation.**

_____ _____ _____
Signature of Responsible Party **Title** **Date**

_____
Printed Name of Signatory

_____ _____ _____
Signature of Responsible Party **Title** **Date**

_____
Printed Name of Signatory

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)

STATE OF NEVADA }
} ss.
COUNTY OF LYON }

ON this_____ day of_____,20____, before me personally appeared_____

_____

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that executed the same freely and voluntarily, and for the uses and purposes therein stated.
In Witness whereof, I have hereunto set my hand and affixed my official seal this _____ day of _____,20____

_____
Notary Public/Deputy County Clerk
Lyon County, Nevada

$25.00 filing fee ***Return Original***

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Pursuant NRS 244.33505 and NRS 268.0955)

Business Name (Include any name doing business as)		**Type of Business**	**Business Telephone Number**
Business Address	**City**	**State**	**Zip Code**
Federal Identification Number		**Contractor's Board License Number**	
Name of Principal Owner (Please Print)		**Principal Owner's Telephone Number**	
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

☐ 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

I declare that I have 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 Number

_____ _____ _____ _____
Applicant's Residence Address City State Zip Code

1. If executed in Nevada: Pursuant to Nevada Revised Statutes (NRS) 53.045, I declare under penalty of perjury that the foregoing is true and correct.

   Executed on _____ _____
   (date) (signature)

2. Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the forgoing is true and correct.

   Executed on _____ _____
   (date) (signature)

Form instruction and general information:

1. The top section will be completed with information about the business and ownership.
2. The middle section consists of three boxes. Only one box must be checked. Check the first box, if the business has obtained workers' compensation insurance. Please provide the insurance policy effective date and policy number where indicated. Check the second box, if the business meets one of the statutory exemptions or the business has no employees nor hires any contractors/sub-contractors. Check the third box, if the business is self-insured with a valid certificate of insurance. Please provide the self-insured policy effective date and certificate number where indicated.
3. The next to bottom section please check the appropriate box indicating the license application type. Provide applicant information as indicated.
4. The bottom section contains two signature lines. Only one applicant signature and date will be provided. If the form is executed in Nevada, applicant will sign and date the first line. If the form is executed outside of Nevada, applicant will sign and date the second line.

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony.**

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

LYON COUNTY
SHERIFF

Brad Pope
Sheriff

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.