

# **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](http://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](http://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 \$25.00 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 applying after October 1<sup>st</sup> the Fee may be prorated. Please contact our office for correct amount.

Statements are mailed in June of each fiscal year. This is the only bill you will receive. All regular business license fees are due July 1<sup>st</sup>. Liquor, gaming and brothel license fees may be paid quarterly.

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:

**Amanda Bull**  
[abull@lyon-county.org](mailto:abull@lyon-county.org)

**Phone: (775) 463-6501**

**Fax (775) 463-5305**

# 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 # \_\_\_\_\_ State of Incorporation or Formation \_\_\_\_\_  
Corporate/Entity Address \_\_\_\_\_  
Nevada name (DBA) \_\_\_\_\_  
Business Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address \_\_\_\_\_ Assessor's parcel \_\_\_\_-\_\_\_\_-\_\_\_\_  
Mailing address \_\_\_\_\_  
Location of Lyon County operation \_\_\_\_\_  
Phone/Fax/Email if different from above: Business Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email Address \_\_\_\_\_

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 \_\_\_\_\_ NAICS CODE \_\_\_\_\_

SILVER SPRINGS MUTUAL WATER CO. APPROVED ( ) DENIED ( )  
(775) 577-2223 (Commercial/Industrial locations in water district only)

\_\_\_\_\_  
Signature of inspector

NV STATE HEALTH DEPT. APPROVED ( ) DENIED ( )  
(775) 684-7533

\_\_\_\_\_  
Signature of inspector

FIRE INSPECTOR APPROVED ( ) DENIED ( )  
(775) 246-6300, (775) 463-6535 or (775) 465-2577

\_\_\_\_\_  
Signature of inspector

BUILDING INSPECTOR APPROVED ( ) DENIED ( )  
(775) 463-6591

\_\_\_\_\_  
Signature of inspector

UTILITIES INSPECTOR APPROVED ( ) DENIED ( )  
(775) 246-6220 (Commercial/Industrial locations in Dayton/Mound House only)

\_\_\_\_\_  
Signature of inspector

PLANNING DIRECTOR APPROVED ( ) DENIED ( )  
(775) 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.

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

**ANNUAL FEE BASED ON NUMBER OF EMPLOYEES INCLUDING OWNERS.**

Number of Owners/Officers \_\_\_\_\_ Number of Employees working within the County \_\_\_\_\_  
(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.

**TOTAL ANNUAL FEE:** \_\_\_\_\_ \*\* May be prorated if applying After October 1st

**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.**

By: \_\_\_\_\_  
**\*\*Signature of responsible party**

\_\_\_\_\_  
Printed name of signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
**\*\*Signature of responsible party**

\_\_\_\_\_  
Printed name of signatory

\_\_\_\_\_  
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)*

<b>Business Name</b> (Include any name doing business as)	<b>Type of Business</b>	<b>Business Telephone Number</b>	
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Federal Identification No.</b>	<b>Social Security No.</b>	<b>Contractor's Board License No.</b>	
<b>Name of Principal Owner</b> (Please Print)		<b>Principal Owner's Telephone No.</b>	
<b>Principal Owner's Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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):

<b>Effective Date of Coverage</b>	<b>Account Number</b>
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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.

<b>Effective Date</b>	<b>Certificate Number</b>
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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

<b>Name of Applicant</b> (Please Print)	<b>Applicant's Telephone No.</b>
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<b>Applicant's Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Signature of Applicant</b> (To be signed in the presence of the business license office employee)	<b>Applicant's Title</b>
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<b>Witness Signature</b> - (Business License Office Employee)	<b>Name of City or County</b>
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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

## *INSTRUCTIONS*

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.

**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)*  
\_\_\_\_\_  
*(physical business location)* Nevada, under the fictitious firm name  
of \_\_\_\_\_  
*(business name)* and that said firm is composed of the  
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*



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## 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.