



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 _____ Approved () Denied () _____
 And 2003 IBC Building Occupancy Classification 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

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.



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.



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

BUSINESS NAME:			
PHYSICAL ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP
MAILING ADDRESS (NUMBER AND STREET) <small>0 SAME AS ABOVE</small>	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?



OFFICE OF THE
CLERK & TREASURER

**27 SOUTH MAIN STREET
YERINGTON, NEVADA 89447
(775) 463-6501**

**STACI LINDBERG
CLERK & TREASURER**

**LYON COUNTY LIQUOR LICENSE INSTRUCTIONS
AND CHECKLIST**

BEFORE AN APPLICATION FOR A LYON COUNTY LIQUOR LICENSE CAN BE PLACED ON THE AGENDA OF THE LICENSING BOARD, THE FOLLOWING REQUIREMENTS MUST BE MET:

PLEASE COMPLETE THIS SECTION AND TURN IN TO OUR OFFICE FIRST

EACH APPLICANT, SPOUSE, OR INDIVIDUAL HAVING AN INTEREST IN THE BUSINESS WHOSE NAME YOU WISH TO HAVE ON THE LIQUOR LICENSE MUST SUBMIT A SEPARATE COMPLETED APPLICATION.

- FILL OUT THE LIQUOR LICENSE APPLICATION AND HAVE IT NOTARIZED.
- SUBMIT PROOF OF PROPERTY OWNERSHIP OR A CURRENT LEASE AGREEMENT.
- REPORT TO A LYON COUNTY SHERIFF'S OFFICE FOR FINGERPRINTING AND PHOTOGRAPHS
- SIGN THE ATTACHED WAIVER AND LIABILITY RELEASE
- RETURN THE ABOVE DOCUMENTS TO THIS OFFICE ALONG WITH AN INVESTIGATION FEE OF \$80.00 FOR THE FIRST APPLICANT AND \$80.00 FOR EACH ADDITIONAL APPLICANT. **(MAKE THIS CHECK OUT TO LYON COUNTY TREASURER)**

While the background check is being done, complete the business license requirements.
(follow the instructions that accompany those forms)

Once all the Business license requirements are met, return all paperwork to this office with the following:

- ✓ ONE-TIME START-UP FEE **(MAKE THIS CHECK OUT TO LYON COUNTY TREASURER)**
 - SALOON / ON-OFF SALE / PACKAGED GOODS \$1,500.00
 - BEER AND WINE ONLY \$ 750.00
- ✓ AND THE QUARTERLY FEE FOR THE BUSINESS AND LIQUOR LICENSE
 - QUARTERLY BUSINESS LICENSE FEE, PER SCHEDULE ON FORM
 - QUARTERLY LIQUOR LICENSE FEE.....
((\$337.50-SALOON; \$300.00-RETAIL; \$225.00-BEER & WINE; \$30.00-CATERING)

BACKGROUND INVESTIGATION MAY TAKE UP TO SIX (6) WEEKS, BUT ONCE COMPLETED, IF APPROVED AND ALL THE BUSINESS LICENSE REQUIREMENTS ARE MET, TEMPORARY LIQUOR AND BUSINESS LICENSES MAY BE ISSUED TO BEGIN BUSINESS OPERATIONS, PENDING BOARD APPROVAL AT THE NEXT REGULAR MEETING.

FAILURE TO FOLLOW THESE INSTRUCTIONS COULD CAUSE CONSIDERABLE DELAY IN THE PROCESSING OF YOUR LICENSE.

The **"SPECIAL TAX REGISTRATION AND RETURN"** must be sent directly to the Department of the Treasury

A COPY OF THE LYON COUNTY LIQUOR CODE IS AVAILABLE ONLINE AT WWW.LYON-COUNTY.ORG OR FROM OUR OFFICE FOR YOUR INFORMATION. SHOULD YOU HAVE ANY PROBLEMS OR QUESTIONS, THIS OFFICE WILL BE GLAD TO ASSIST YOU IN WHATEVER WAY WE CAN TO SEE YOU OBTAIN YOUR LICENSE IN A TIMELY MANNER.

Businesslic@lyon-county.org

PH: (775) 463-6501

Fax: (775) 463-5305

STATE OF NEVADA, COUNTY OF LYON
LIQUOR LICENSE APPLICATION
(Each applicant must submit a separate application)

DATE: _____

TO THE HONORABLE LIQUOR BOARD OF LYON COUNTY, NEVADA

The undersigned hereby makes application for a LIQUOR LICENSE under Lyon County Code and for this purpose ONLY subscribe the following verified statements and answers to the questions combined in this application form:

PLEASE PRINT OR TYPE

Name of Applicant: _____

Street	City	State	Zip	Phone
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Name of Business: _____

Street	City	State	Zip	Phone
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Owner of Premises (Land): _____

Street	City	State	Zip	Phone
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Place of Birth	Height	Weight	Eyes	Hair	Birth Date	Mo/Day/4 digit year	Social Security #

TYPE OF LICENSE REQUESTED:

Saloon or Bar Room (On-Off Sale) _____ Retail (Packaged Goods) _____
 Beer and Wine (Restaurant) _____ Catering (Additional fee) _____

Are you a citizen of the United States? _____ Male Female Age _____
 State whether: Sole Owner Partnership Corporation Limited Liability Company Other (explain)

List the names of ALL persons having an interest in this business, either as partner, joint venture, corporate officer and their current residence addresses. (Attach additional sheets if necessary.)

FULL NAME	NATURE OF INTEREST	RESIDENCE ADDRESS	PHONE NUMBER

List residence addresses for the past five (5) years: (Attach additional sheets if necessary.)

FROM Month and Year	To Month and Year	NUMBER & STREET	CITY & STATE

List and describe all occupations and/or businesses for the last five (5) years: (Attach additional sheets if necessary.)

FROM Month and Year	To Month and Year	NUMBER & STREET	CITY & STATE

LYON COUNTY SHERIFF



Brad Pope
Sheriff

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



Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **LYON COUNTY SHERIFF'S OFFICE** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

