

CLARK COUNTY BUSINESS LICENSE SUPPLEMENT

1. State law requires you to register your business with the Nevada Department of Taxation or, in some cases, to receive an exemption from their requirements.
 Have you satisfied the requirements of the Nevada Department of Taxation? Yes No

If you answered yes, please go to question 2. NRS 364A requires all business, corporation, or partnerships operating in Nevada to have a state business license. If you have questions concerning business licensing requirements for the State of Nevada please contact the Nevada Department of Taxation at (702) 486-2300 before applying with Clark County Business License.

2. Is this business owned by a legal entity such as a Corporation, Limited Liability Company, Registered Partnership, etc. and not by an individual(s)? Yes No If you answered no, go to question 3.

2a. Is this company listed on a stock exchange? Yes No

2b. Have you filed with the Nevada Secretary of State? Yes No The filed name must be listed on the Nevada Business Registration form, line 2. Registered legal entities must register with the Nevada Secretary of State, Commercial Filings Division at (702) 486-2880 before a Clark County Business License may be issued.

3. The Federal Welfare Reform Act implemented by the 1997 Nevada Legislature requires that professional and occupational licensing agencies add certain questions regarding child support to all applications.
 Please mark the appropriate response - failure to mark one of the questions will result in the denial of your application.

Not subject to a court order for the support of a child
 Subject to a court order for the support of one or more children and am in compliance with the order pursuant to the order.
 Subject to a court order for the support of one or more children and am NOT in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
 Subject to a court order for the support of one or more children and am NOT in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. Will you be using a business name other than the one registered with the Nevada Secretary of State, or if not registered, the business owner's legal name? Yes No If you answered no, go to question 5.

This is a Multiple shareholder corporation; or a Non-profit; or a Multiple member limited liability company; or a Registered partnership, registered with the State of Nevada and are therefore exempt. Please circle the appropriate type: Multiple shareholder corporation, Non-profit, Multiple member LLC, or Registered partnership.

4a. Have you filed a Fictitious Firm Name form with the Clark County Clerk's office? Yes No

The filed name must be listed on the Nevada Business Registration form, line 5. If your business is using a fictitious firm name, you must file a fictitious firm name form with the Clark County Clerk's Office (702) 455-3156 before a Clark County Business License may be issued.

5. Does your business or profession require a state license? Yes No If you answer no, go to question 6.
 If yes, please provide State License Type (doctor, contractor, etc.):
 Professional/State License Number and Classification (must be current and valid):

6. If you are based in a jurisdiction other than Unincorporated Clark County, please provide the name of the jurisdiction (City of Las Vegas, City of Henderson, etc.) and your current valid license number.
 Licensing Jurisdiction:
 License Number:

7. Are you doing business from your home? Yes No If you are doing business from your home you must get approval from Clark County Current Planning for a home occupation. Questions concerning approval should be directed to the Clark County Current Planning Department at (702) 455-4314.

8. Are you sharing space with another business? Yes No If yes, please provide the name and address of the business.
 Business Name:
 Address:
 City, State, Zip Code:

9. Please provide your email address (not required):

The mailed in application cannot be processed until all these requirements are complete.
 I declare under the penalty of perjury that the requirements listed above - to the best of my knowledge and belief - have been completed.

Signature: _____
 Date: _____
 Business Name: _____
 Social Security Number: _____

NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Completion of this form will provide the common information needed and/or required by participating state and local government agencies. 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). Also, most local governments accept the form.

WHAT OTHER INFORMATION MUST I PROVIDE? When applying to Department of Taxation: All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying to Employment Security Division: If you employ agricultural or domestic workers, or are a non-profit agency you must complete a Supplemental Registration (NUCS-4058).
WHO MAY USE THIS FORM? Any person or corporation who is: opening a new business; opening additional locations; changing locations; changing owners; corporate officers or members; or changing a mailing address.

WHERE IS THIS FORM AVAILABLE? This form is available at the participating state and local agencies or by visiting the agency websites listed below. Forms may also be available at Chambers of Commerce and state and local economic development agencies.

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

1. I Am Applying For: Check the boxes that apply. Nevada has no central database for business registration. 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 Boxes That Apply.
3. Business Entity Type: Indicate the structure and type of ownership of your business.
4. Corporate/Entity Name: If incorporated, enter the name as registered with the Secretary of State. 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 1-800-829-1040. 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 and Website Address: Enter your business e-mail and website addresses if appropriate.
9. Mailing Address: This address will be used to mail any licenses, reports, tax returns, and correspondence.
10. Location(s) of Nevada Business Operations: Enter the complete 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.
11. Location of Business Records: Enter the complete address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
12. 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.
13. 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.
14. 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.
15. 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%.
16. 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.
17. Signature Instructions: Make copies first and then sign each copy. Original signatures are required by each state and local agency. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.

Toll Free (In State) for All State of Nevada Agencies: 800-992-0900

Nevada Department of Taxation: Website: www.tax.state.nv.us

Las Vegas: 555 E. Washington Avenue, Suite 1300 • Las Vegas, Nevada 89101 (702) 486-2300
 Reno: 4600 Kietzke Lane, Building L, Suite 235 • Reno, Nevada 89502 (775) 688-1295
 Carson City: 1550 E. College Parkway, Suite 115 • Carson City, Nevada 89706 (775) 684-2000

Nevada Employment Security Division (ESD): Website: www.nvdestr.org

Las Vegas: (702) 486-0250
 Reno: (775) 688-2663
 Statewide (Mailing): 500 E. Third Street • Carson City, Nevada 89713-0030 (775) 687-4545

If your business has or may have a discharge to the environment or needs a water appropriation permit, the following telephone numbers should be used for information concerning exemptions and to acquire applications:

Nevada Department of Conservation and Natural Resources: Website: www.dcnr.nv.gov
 Environmental Protection Division
 Water Resources Division (Water Appropriation) (775) 687-4380
 Nevada Department of Wildlife: (Industrial/Artificial Pond Permit) Website: www.ndow.org (775) 688-1500

Local Business License Departments: To obtain the telephone numbers for local license departments check the white pages of the telephone directory under the government name, i.e., Clark County, Reno.

NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

1	Am Applying For:	<input type="checkbox"/> Unemployment Insurance (Employment Security Division - ESD)	<input type="checkbox"/> State Business License, Sales/Use Tax Permit, Local Business License	<input type="checkbox"/> State Business License, Sales/Use Tax Permit (Department of Taxation)	<input type="checkbox"/> Local Business License	SEND A COPY TO EACH AGENCY
2	Business Type:	<input type="checkbox"/> New Business <input type="checkbox"/> Change in Ownership/Location <input type="checkbox"/> Change in Name <input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp. <input type="checkbox"/> Publicly Traded Corp. <input type="checkbox"/> Privately Held Corp. <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Other	<input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Other	
3	Business Name:	Corporate/Entity Name:	Corporate/Entity Name:	Corporate/Entity Name:	Corporate/Entity Name:	
4	Address:	Address:	Address:	Address:	Address:	
5	City, State, and Zip Code +4	City, State, and Zip Code +4	City, State, and Zip Code +4	City, State, and Zip Code +4	City, State, and Zip Code +4	
6	Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt. #	Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt. #	Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt. #	Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt. #	Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt. #	
7	Business Operations:	Business Operations:	Business Operations:	Business Operations:	Business Operations:	
8	Location (of Nevada):	Location (of Nevada):	Location (of Nevada):	Location (of Nevada):	Location (of Nevada):	
9	Business Records:	Business Records:	Business Records:	Business Records:	Business Records:	
10	Location of Business:	Location of Business:	Location of Business:	Location of Business:	Location of Business:	
11	Business Operations:	Business Operations:	Business Operations:	Business Operations:	Business Operations:	
12	Business Records:	Business Records:	Business Records:	Business Records:	Business Records:	
13	Business Operations:	Business Operations:	Business Operations:	Business Operations:	Business Operations:	
14	Business Records:	Business Records:	Business Records:	Business Records:	Business Records:	
15	Business Operations:	Business Operations:	Business Operations:	Business Operations:	Business Operations:	
16	Business Records:	Business Records:	Business Records:	Business Records:	Business Records:	
17	Business Operations:	Business Operations:	Business Operations:	Business Operations:	Business Operations:	

ORIGINAL SIGNATURES REQUIRED BY AGENCIES-KEEP COPY FOR YOUR RECORDS APP-01.00 Rev 02-17-05

CLARK COUNTY FIRE PERMIT SURVEY FORM

PROJECT ADDRESS (BUSINESS LOCATION)

PROJECT NAME (BUSINESS NAME)

ASSESSOR'S PARCEL NUMBER(S)

CONTACT PERSON

PHONE #

DATE

INITIATING AGENCY: (Check Box, Agency Application/Permit #, and Agency Signature Required below)

<input type="checkbox"/>	AIR QUALITY	<input type="checkbox"/>	BUILDING DIVISION
<input type="checkbox"/>	BUSINESS LICENSE	<input type="checkbox"/>	FIRE DEPARTMENT
<input type="checkbox"/>	CURRENT PLANNING	<input type="checkbox"/>	HEALTH DISTRICT

INITIATING AGENCY APPLICATION # OR PERMIT #

INITIATING AGENCY SIGNATURE

CHECK "Yes" or "No" for each item below that your building/business/project includes.

- | | | |
|----|--------------------------|---|
| 1. | <input type="checkbox"/> | Water supplied by a well or private water system |
| 2. | <input type="checkbox"/> | Propane tank(s) |
| 3. | <input type="checkbox"/> | Aboveground or underground flammable/combustible liquid tank(s) |
| 4. | <input type="checkbox"/> | High-piled storage* (see definition below) |
| 5. | <input type="checkbox"/> | Spray paint booths |
| 6. | <input type="checkbox"/> | Medical Gas Systems |
| 7. | <input type="checkbox"/> | Combustible Dust Producing Operations |
| 8. | <input type="checkbox"/> | Chemicals - Storage, Manufacture, or Use ** |

Fire Dept. Review/Comments Signature is only required for any "Yes" response.

Fire Dept. Review/Comments	Signature	Date

* A "Yes" response to any of the above conditions may require the applicant to obtain a permit from the Clark County Fire Department (CCFD). CONTACT CCFD PLANSCHIECK AT (455-7100) IMMEDIATELY for permit requirements.

* A "Yes" response to conditions #7 and #8 also requires Signature of Building Division below and may require approval of a Special Use Permit through the Current Planning Division.

NOTE: Title 30, Section 30.04.160, provides for the revocation of any land use approval not in compliance with Codes.

PRINT NAME

SIGNATURE

CIRCLE ONE: Property, Building, or Business Owner ~ Occupant's Legal Representative ~ Responsible Party

ATTENTION: FAX COMPLETED FORM TO CLARK COUNTY FIRE DEPARTMENT AT (702) 735-0775

* High-Piled Storage is storage of combustible materials in closely packed piles or combustible materials on pallets, in racks or on shelves, where the top of storage is greater than 12 feet (3658 mm) in height. High-piled combustible storage also includes certain high-hazard commodities, such as rubber tires, Group A plastics, flammable liquids, idle pallets and similar commodities, where the top of storage is greater than 6 feet in height.

** Refer to the Clark County Fire Department's "Hazardous Materials Systems" Guideline.

For Development Services - Building Division Use Only

Hazardous Occupancy Required? YES _____ NO _____ IF YES, then Special Use Permit Required.

Building Division Signature

<input type="checkbox"/>	New Construction	<input type="checkbox"/>	PAC Process	<input type="checkbox"/>	Remodel
<input type="checkbox"/>	Addition	<input type="checkbox"/>	Walk-thru	<input type="checkbox"/>	Addition
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Residential