

Home Occupation

CITY OF FERNLEY

Clerk's Office

595 Silver Lace Blvd.

Fernley, NV 89408

cityclerk@cityoffernley.org

Phone: (775) 784-9830 Fax: (775) 784-9839

INSTRUCTIONS REGARDING FERNLEY HOME OCCUPATION BUSINESS LICENSE APPLICATIONS

TO AVOID DELAY IN THE PROCESSING OF YOUR BUSINESS LICENSE, PLEASE COMPLETE AND RETURN ALL APPLICABLE FORMS INCLUDED IN THIS PACKET

1. STATE OF NEVADA BUSINESS

Per NRS 364A, all applicants must register with the Nevada Secretary of State's Office for a business license. You may register online at www.nvsilverflume.gov or in person at their office located at 202 N Carson Street, Carson City. Additional information can be found by calling their office at (775) 684-5708. This number will always begin with NV.

2. NEVADA DEPARTMENT OF TAXATION

Per NRS 360, some applicants must register with the Nevada Department of Taxation. You may register online at <http://tax.nv.gov/> or in person at their office at 4600 Kietzke Lane Bldg L #235, Reno. Additional information can be found by calling their office at (866) 962-3707.

3. STATE INDUSTRIAL INSURANCE

Per NRS 616, all applicants must submit proof of compliance with Worker's Comp requirements. The Industrial Insurance Compliance Affirmation ([form D-25](#)) can be downloaded at the Nevada Division of Industrial Relations website. For additional information contact the Nevada Industrial Relations at (775) 684-7270.

4. FICTITIOUS FIRM NAME

Per NRS 602, if you are using a fictitious firm name (dba) in place of your legal first and last name or a corporate name filed with the Nevada Secretary of State, the name must be registered with the Lyon County Clerk's Office. For additional information contact the Lyon County Clerk at (775) 463-6501.

5. ZONING

The Planning Department will determine if you are in the proper zone, if your property meets the PROPER CLASSIFICATION for your business, or if a SPECIAL USE PERMIT is required. The Lyon County Assessor's Parcel Number (APN) must be on the application. Please call (775) 784-9810 to ensure your business meets the requirements.

6. INSPECTOR SIGNATURES

HOME OCCUPATIONS: may need the Planning Department signature. Child Care see requirements for Home Child Care.

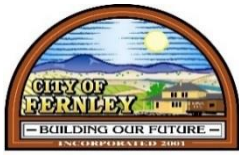
7. BUSINESS LICENSE FEE

The business license fees (annual fee plus the application fee) must accompany the application. Billing statements will be mailed annually. **THIS IS THE ONLY BILLING YOU WILL RECEIVE.** Penalties will apply to any payments not **received** by the due date. Make sure you notify the City Clerk's Office of any changes to your account. A copy of the applicant's driver's license or photo identification must be submitted with the application.

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Rev 7/2020

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City of Fernley

Home Occupation

Business License Application

☐ New License
☐ Update Existing

City Clerk's Office
595 Silver Lace Blvd. Fernley, NV 89408
775-784-9830 • cityclerk@cityoffernley.org

Pursuant to NRS Chapter 239, information or documents provided in this application may be open to public inspection and copying.

Applicant Information			
Business Name:			
Business Owner(s):			DBA:
Physical address:			
City:	State:	Zip Code:	Email:
Type of Organization (select one) ☐ Sole Proprietor ☐ Corporation ☐ LLC ☐ Partnership ☐ Limited Liability Partnership			
Mailing address (if different than physical):			
City:	State:	ZIP Code:	Phone #
<u>NV Contractor #</u>	<u>Nevada Business ID #</u> (State of Nevada Business License)		Fax #
<u>Retail Sales Permit #</u>	<u>Liquor License #</u>		# of Employees:
Business Activities			
Description of business activities (*please notify the City Clerk's Office before adding or changing business practices from those listed here):			
Business Category: ☒ Home Occupation ☐ Commercial ☐ Out of Town (not in Fernley) ☐ Non-Profit Organization ☐ Crafter			
Certification:			
I, the undersigned have answered all questions in the above application and to the best of my knowledge all answers are true and correct. I understand that disclosure of any false or misleading information or any incomplete answers in the above could result in the automatic denial, or revocation (if the license has already been issued). In addition, I understand and acknowledge the following: 1. I cannot commence operation until the required sign offs have been obtained from Nevada State Health Department and City of Fernley Planning Department, if applicable. 2. I cannot commence operation until the licensing department has approved this application. 3. I must notify the licensing department, in writing, of any changes including business ownership, key employees, name, address, telephone number changes, etc. 4. I may not operate the business for which this application is made at any address other than the one listed on this application. 5. I am responsible for maintaining current and active licenses applicable to the operation of the business, including the payment of fees in accordance with the licensing category. 6. I am not required to be notified by the licensing department when license fees are due and payable and failure by the department to provide such notice does not constitute a waiver of the payment of license or delinquency fees. 7. Should this application be granted, I accept the same subject terms and provisions thereof and further acknowledge that I am subject to all current provisions of Fernley Municipal Code as well as such rules and regulations as may at any time be adopted or enacted by the Fernley City Council and specifically agree to observe and keep all of the provisions of such ordinances.			
Signature of Applicant:			Date:

<u>Department</u>	<u>Phone</u>	<u>Signature and Date</u>
City of Fernley Planning Department	(775) 784-9810	

All new business license applications will be assessed a one-time \$25 processing fee in addition to \$75 annual license fee.

Send all payments to:

City Clerk's Office
595 Silver Lace Blvd
Fernley, NV 89408

You may also renew your City of Fernley business license online via the State of Nevada Silver Flume Business Portal: <https://nvsilverflume.gov/home>

Questions? Call us at (775) 784-9830 or email at cityclerk@cityoffernley.org, fax (775) 784-9839

OFFICIAL USE ONLY			
Account #:	BL #:	Date of Application:	
Payment Type:	Amount Paid:	Employee:	
Date Approved:	License Restrictions:		

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 foregoing 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.

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 _____ 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)

WITNESS this hand on the _____ day of _____, _____.

STATE OF _____ }
COUNTY OF _____ } ss.

ON this _____ day of _____ A.D., _____, before me, _____ a Notary
Public in and for the said county and State, residing therein, duly commissioned and sworn, personally appeared:
_____ known to me to be the person(s)
whose name subscribed to the within instrument and acknowledged to me that he (she) (they) has (have) executed the
same freely and voluntarily and for the uses and purposes therein mentioned. In Witness whereof, I have hereunto set
my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public in and for said County and State

(Notary Stamp)

\$25.00 filing fee

Return Original

CHILD SUPPORT INFORMATION FORM

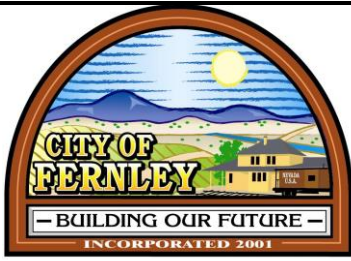
Pursuant to NRS 425.520 & NRS 266.358, the statement below must have the appropriate box checked and the bottom filled out and signed or the issuance or renewal of the business license will be denied. **This does not apply to: Corporations, S-Corporations, or Limited Liability Companies.**

- ☐ 1. I am **not** subject to a court order for the support of a child.
- ☐ 2. I **am** subject to court order for the support of one or more children and I 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.
- ☐ 3. I **am** subject to court order for the support of one or more children and I am **not** in compliance with the order or 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.

Applicant's Name (Printed): _____

Signature of Applicant

Date



City of Fernley

Clerk's Office

Business Licenses
Council Agendas
Elections
Minutes
Passports
Records

Development Code – Fernley Municipal Title 32

Home Occupation

1. Applicability
 - a. This section applies to any Home Occupation.
2. Standards
 - a. The home occupation shall be operated entirely within a dwelling unit by a person or persons residing in the dwelling unit as a clearly secondary and incidental use of the dwelling for residential purposes. The home occupation must not change the residential character of the dwelling unit.
 - b. The home occupation may include storage for stock-in-trade, supplies, equipment, or goods and must be confined to the dwelling unit, accessory structures, or be stored behind a solid fence to conceal these items from any public street.
 - c. Not more than one (1) commercial motor vehicle or trailer shall be kept at the residence. Commercial motor vehicles or trailers shall not exceed an unladen vehicle weight of ten thousand (10,000) pounds or be more than twenty-five (25) feet in length, except on parcels greater than two (2) acres in size.
 - d. Up to 5 client visits or service deliveries to the home occupation are allowed per day. Client visits shall be by appointment only.
 - e. There shall be no indication of the home occupation on the exterior of the premises. a. Unless required by federal regulation. Demonstration of this requirement is necessary for the City to permit indication on the exterior of the home occupation.
 - f. There shall be no manufacturing, processing, or similar activity on the premises which generates noise, odor, dust, vibration, fumes, smoke, electrical interference or other interference with adjacent properties.
 - g. The home occupation shall not be operated without the written consent of the owner of the real property. An affidavit signed by the property owner shall be submitted as part of the Business License application.
 - h. In Residential- Single Family zoning districts, no employees of the business shall be allowed to report for duty either at or near the residence. In Residential-Rural zoning districts, no employees of the business shall be allowed to report for duty either at or near the residence, except in the GR20 and RR5 zoning districts where not more than three non-occupants may be allowed to report for duty at the residence.
3. Business License Required. A person desiring to conduct a home occupation shall complete an application for a Business License under Title 10 of this code.
4. If unable to meet the requirements of this section, the planning commission may, by conditional use permit, allow a home occupation without full compliance with the current provisions of this title when the proposed changes are not detrimental to the public health, safety, and welfare.

I, _____ acknowledge receipt of the above stated City of Fernley Development Code pertaining to Home-based businesses and agree to adhere to the regulations.

Business Owner/Applicant

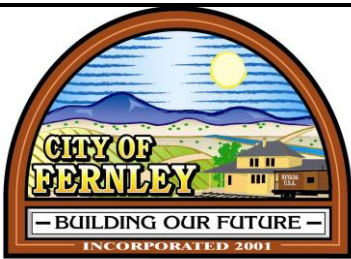
Date

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Landlord Permission Form

Business name: _____

Business Owner: _____ Phone # _____

Business Location: _____

Landlord Name _____ Phone # _____

☐ Owner ☐ Property Manager

Landlord Address _____

City of Fernley Business License # _____

State of Nevada Business License # _____

I, _____ acknowledge that I have been notified by
_____ (tenant) of his/her intent to operate a business from
the above location.

Landlord Date

☐ Copy of rental or lease agreement attached