Commercial

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 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. HEALTH PERMIT

Per NRS 446, 444, 585, applicants that will be handling food/edibles, tattoos or cosmetics must obtain a permit from the Nevada Department of Agriculture. For information contact (775) 895-3605 or bwhitten@agri.nv.gov

3. 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.

4. 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.

5. 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.

6. ZONING

The Planning Department will determine if you are in the proper zone, if your building meets the PROPER OCCUPANCY 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.

7. INSPECTOR SIGNATURES

COMMERCIAL BUILDING: Page 2 of the business license packet has a list of departments that may need to authorize this license. Please contact each of the departments to obtain the appropriate signoffs; some departments may require inspections. All applicable signatures must be obtained before submitting the application to this office.

8. 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.

City of Fernley

Business License Application: Residential Rentals

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

☐ New License
☐ Update Existing
☐ Privileged Licensed Required

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 #**
NV Contractor #	Nevada Business ID # (State of Nevada Business License)		**Fax #**
Retail Sales Permit #	Liquor License #		**# 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 ☐ Non-Profit Organization ☐ Crafter

List the address of each home, duplex or four-plex owned

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 inspections have been obtained from North Lyon County Fire Department; City of Fernley Planning, Building and Public Works Departments.
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 and Fernley Development 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:**

Department	Phone	Signature and Date
North Lyon County Fire Department	(775) 575-3310	
City of Fernley Planning Department	(775) 784-9900	
City of Fernley Building Department	(775) 784-9829	
City of Fernley Public Works Department	(775) 784-9910	

It is your responsibility to obtain inspection appointments and applicable signatures before submitting application

All new business license applications will be assessed a one-time $25 processing fee in addition to annual license fee. Residential rentals annual license fee is $100.00 plus $5.00 per unit. *See Resolution # 18-017 for business license fee schedule*.

The step-by-step process for obtaining a business license with the City of Fernley is outlined in our "Business License Guide", available on the website www.cityoffernley.org or from the City Clerk's office.

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 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.

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)

WITNESS this hand on the_____ day of_____,_____.

STATE OF_____}
} ss.
COUNTY OF_____}

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