City of Yerington

Business License Application Packet

14 East Goldfield Avenue, Yerington NV 89447

Phone: (775) 463-3511

Website: www.yerington.net

Fax: (775) 463-2284

Business Status:_____
Business License #: _____
Category #: _____

(OFFICAL USE ONLY)

CITY OF YERINGTON
14 EAST GOLDFIELD AVENUE
YERINGTON, NV 89447
(775) 463-3511

APPLICATION FOR CITY BUSINESS LICENSE

The City of Yerington is an equal opportunity provider

ANTICIPATED DATE TO COMMENCE BUSINESS:_____

All questions on this application must be answered. Questions not applying to your business should be answered by "n/a" (not applicable).
Type or print with a ballpoint pen.

APPLICANTS: (List other partners on separate sheet)

1. Name:_____
   Address: _____ P.O Box: _____
   City:_____State: _____Zip Code: _____
   Home Phone # _____Bus. Phone #_____Fax #: _____
   Date of Birth: _____

2. Name:_____
   Address: _____ P.O Box: _____
   City:_____State: _____Zip Code: _____
   Home Phone # _____Bus. Phone #_____Fax #: _____
   Date of Birth: _____

Name of Business: _____Total Number of Employees: _____
Nature of Business:_____
Detailed Description: _____
Mobile Business: ____ NO ____ YES ***If Yes, you are required to complete Appendix A on page 6.**
Business requiring door to door sales: _____ NO ____ YES ***If Yes, Solicitor's License required for each employee**
Liquor (of any type) sold or served? _____ NO _____ YES
Business Phone:_____Business Fax #:_____
Business Address (Location): _____
Business Address (Mailing):_____
City:_____State:_____Zip:_____

If business is a Corporation, what state:_____
Contractor's License #:_____Dept of Taxation #: _____

I, certify and declare under the penalties of perjury; that I am the ***owner, partner, president (circle one),*** of the business named above; that this is a true, correct and complete report to the best of my knowledge, information and belief and that this report is made with the knowledge and consent of all other individuals named on this application. I also hereby authorize the City of Yerington to make any criminal or credit investigation concerning any matters of this application.

Signature: _____ Date: _____

Business Status:_____
Business License #: _____
Category #: _____

(OFFICAL USE ONLY)

BUSINESS NAME: _____

FEE CALCULATION INFORMATION: (No fees are refundable)

Application Fee:

Choose One:

Permanent Business -- Billed Annually from Matrix. (refer to Instruction Page) $ 20.00

☐ **Short Term Project** -- To be completed within 30 days. ($50.00 Fee) _____

TOTAL FEES PAID: $_____

REQUIRED INSPECTIONS:

Signatures must be obtained before your application can be placed on the City Council agenda. If your business will occupy a building then you will be responsible to call for these inspections and signatures #1 thru #3, signatures #4 and #5 are the responsibility of City Staff.

*Department Official - Attach comment page if necessary.

1. **Public Works** Approved [ ] Denied [ ]
Phone: (775) 463-3511

ZONING: [ ] R-1 [ ] R-2 [ ] R-3 [ ] R-C [ ] C-1 [ ] C-2 [ ] M-1 [ ] N/A

Does business comply with existing zoning and current codes? Compliance _____(yes) _____(no)

Building Inspector: _____ Date: _____

Public Works Director: _____ Date:_____

2. **Fire Department** Approved [ ] Denied [ ]
Phone: (775) 463-2261

Fire Inspector: _____ Date: _____

Fire Chief:_____ Date: _____

3. **Nevada Health Department** Approved [ ] Denied [ ]
Phone: (775) 684-5280

Inspector: _____ Date: _____

4. **Police Department** Approved [ ] Denied [ ]
Phone: (775) 463-2333

Chief of Police: _____ Date: _____

5. **City Clerk** Approved [ ] Denied [ ]

City Clerk: _____ Date: _____

6. **City Council Approval** Approved [ ] Denied [ ]

Mayor: _____ Date: _____

Official Use Only
Check List:

State Business License: ***[ ] YES [ ] NO [ ] N/A***
Employee/Business Insurance: ***[ ] YES [ ] NO [ ] N/A***

Business Status:_____
Business License #: _____
Category #: _____

(OFFICIAL USE ONLY)

ADDITIONAL APPLICANTS:

3. Name: _____
Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Business Phone #: _____
Date of Birth: _____

4. Name: _____
Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Business Phone #: _____
Date of Birth: _____

5. Name: _____
Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Business Phone #: _____
Date of Birth: _____

6. Name: _____
Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Business Phone #: _____
Date of Birth: _____

Business License Application Instructions

Welcome to your new business license venture in the City of Yerington! This document outlines the process to obtain your City of Yerington Business License. According to Yerington City Code 3-1-2, if you are conducting business either directly *inside* the city limits of Yerington, whether or not your actual business is located within city limits, you must obtain a Yerington City Business License prior to opening the business. This information is also available via our website at www.yerington.net .

□ **Application Page:** Please print or write legibly, completing each item.

□ **Signature Page/Required Inspections:**

- Mobile Business – City Staff will obtain the signatures required.
- Business occupying a building – **YOU** must obtain inspections from the Building Department and the Fire Department
- Food Related Business – Mobile or Stationary – **YOU** must obtain inspections from the Health Department, Building Department and the Fire Department

□ **Additional Applicants:** List any additional applicants.

□ **Fictitious Firm Name:** State law requires this form to be filed out in each county that you do business in, if you are using any name other than your given name or your corporate name. A form is attached for your convenience. Please contact Lyon County at (775) 463-6501.

□ **Nevada State Business License:** It is required that all businesses in the State of Nevada obtain a state business license from the Secretary of State. Provide verification with the City Business License application that your business has obtained this license. Please visit the Nevada Department of Taxation website at www.nvsos.gov, apply online at www.silverflume.gov or call (775) 684-5708.

□ **Nevada Department of Taxation Supplemental Information:** Pursuant to NRS 268.095(5), all new businesses must register with the Nevada Department of Taxation. Provide verification with the City Business License application that your business has obtained this permit. Please visit the Nevada Department of Taxation website at www.tax.state.nv.us, apply online at www.nvsilverflume.gov or call the Reno office at (775) 687-9999.

□ **State of Nevada, Division of Industrial Relations:** You must fill this form out. Choose whichever option applies to your business. You can sign this form in front of City Staff or it must be notarized. Please include a copy of your current Worker's Compensation certificate.

□ **Child Support Information:** The applicant must fill this form out appropriately.

□ **Police Department Security Check:** If you occupy a building, please fill out the full page. If you are a mobile business, please only fill out the top portion of this page.

□ **Non-Profit Business Support:** Please share my contact information with the local Chamber of Commerce, or approved non-profit entity, for business support and community relations. This election is voluntary.

□ **Copy of driver's license:** A copy of driver's license for all applicants on application.

The City of Yerington is an equal opportunity provider

You need to provide this paper work

- □ **Nevada State Business License:** It is required that all businesses operating in the State of Nevada obtain a state business license from the Secretary of State. Provide verification with the City Business License application that your business has obtained this license. Please visit the Nevada Department of Taxation website at www.nvsos.gov, apply online at www.nvsilverflume.gov or call (775) 684-5708.
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Fee Calculation Information: (no fees are refundable)

Application Fee: **$20.00**

Short Term Project: **$50.00** Project to be completed within 30 days

$50.00 **Alcohol sales** Application fee AND
$500.00 **Annually**

Fees for permanent businesses:
****Billed Annually, amount to be determined by matrix below:**

Category	**Total number of employees employed by your company**			
Per City Code 3-1-2	1	2-4	5-10	11+
A	$80.00	$150.00	$300.0	$120.00
B	$150.00	$300.00	$500.00	$1,000.00
C	$250.00	$500.00	$1,000.00	$1,050.00

****In addition to the Category A, B or C fees, Category D businesses will pay an additional $250.00 per $2,000,000.00 per quarter.**

****In addition to the Category A fees, Category E (Mobile Restaurant) will pay an additional $500.00 per year.**

**APPENDIX A – Mobile Restaurant Applicants MUST Complete This Section:

1. Does your business generate wastewater? __ NO ____ YES *If Yes, what is the approved location of your wastewater disposal?

_____

_____

2. Does your business generate solid waste? __ NO ____ YES *If Yes, what is the approved location of your solid waste disposal?

_____

_____

3. Does your business generate grease and/or oil waste? ____ NO ___ YES *If Yes, what is the approved location of your grease/oil disposal?

_____

_____

4. What is the location of your food storage and food preparation, if applicable?

_____

_____

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)

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

$25.00 filing fee **Return Original**

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.

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)

D-25 (rev.11/23)

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of these will result in denial of application).

_____1. I am not subject to a court order for the support of a child.

_____ 2. I am subject to a court order for the support of one or more children and I'm in compliance with a plan approved by the District Attorney or other public agency enforcing the order or the repayment of the amount owed pursuant to the order.

_____3. I am subject to a court order for the support of one or more children and I am not in compliance with the order or plan by the District Attorney or other public agency enforcing the order for the repayment of the amount owned pursuant to the order.

Please note at the bottom of this form, if said business is a partnership or corporation.

Thank you in advance for your cooperation in this matter

_____My Business is a partnership or corporation

Applicant's Name (Printed): _____

Signature of Applicant: _____

Date: _____

Yerington Police Department

227 South Main Street, Yerington, NV 89447
(775) 463-2332 (775) 463-2333 www.yerington.net

Chief of Police

Dear Merchant:

The Yerington Police Department is pleased to be able to provide a security check on your business located within the Yerington City limits. This is a perimeter check of the business including the doors, windows, gates and the fences will be checked to determine if they are locked and secured. *Your cooperation in filling out this form will benefit both your business and our department in case of an emergency*.

Business Name:_____.
Address:_____Business Telephone Number:_____.
Owner/Manager Name:_____Home Phone Number: _____.
Cell Phone Number:_____Address:_____.

Alternate Name:_____Home Phone Number:_____.
Cell Phone Number:_____Address:_____.

Alternate Name:_____Home Phone Number:_____.
Cell Phone Number:_____Address:_____.
(To be notified in event you cannot be reached and has access to the building after business hours and in order listed above)

1. Do you wish to have the Yerington Police Department conduct business security checks of your establishment: yes_____no_____

2. Night lights left on: yes ____ no_____ timer: yes_____no_____motion sensor: yes_____no_____
   Location:_____.

3. Person / s allowed on premises after closing: yes_____ no_____
   Names:_____.

4. Janitorial Service: yes_____ no_____

   Service Name: _____Days of Service:_____.

5. Alarm System: yes_____no_____

   Service Name:_____Phone Number:_____.

If yes, it will be necessary for you or your representative to meet an officer at your business when called.

6. List any hazardous materials and their locations on reverse side of this sheet.
7. *Administrative Fee for responding to false (mechanical or electronic) alarms in excess of three false calls in a calendar month / per occurrence over 3 in a calendar month $50 will be charged*.
8. Additional information that would be pertinent to the Yerington Police Department, please list on the back of this form.

Thank you for your time and effort in helping us serve you better.

Yerington Police Department

EB/Date_____