



1 E. 1st St – 2nd Floor
 PO Box 1900
 Reno, NV 89505
 775-334-2090
www.reno.gov



431 Prater Way
 PO Box 857
 Sparks, NV 89432
 775-353-2360
www.cityofsparks.us



1001 E. 9th St. – Bldg A
 PO Box 11130
 Reno, NV 89520
 (775) 328-3733
www.washoecounty.us

I am applying for licensure in - City of Reno ____ City of Sparks ____ Washoe County ____

Note to license applicant: Licensure by one jurisdiction does not guarantee a license with another jurisdiction. (Copies Accepted)

BUSINESS LICENSE APPLICATION

Number of Personnel

Full Time _____

Part Time _____

Please type or print in black or blue ink only.

01) Corporate Name/Business Name: _____

02) Doing Business in Nevada as (DBA): _____ 03) Start Date: _____

04) Business Location (no PO Boxes): _____ Suite #: _____ 05) Federal Tax ID # (EIN): _____

06) City: _____ 07) State: _____ 08) Zip Code: _____ 09) Bus. Phone: _____

10) Mailing Address: _____ 11) Bus. Fax: _____

12) City: _____ 13) State: _____ 14) Zip Code: _____ 15) E-mail: _____

16) Business Entity Type: Sole Proprietor Corporation Partnership LLC Association 17) Professional License #: _____

18) Describe the nature of business to be conducted (be specific and complete):

19) Location of Rentals: _____ 20) Number of Rental Units: _____ 21) First Year's Estimated Gross Receipts (Reno only): _____

List Individual Licensee

22) Licensee: _____ 23) Title: _____ 24) Phone: _____

25) Home Address: _____ 26) Alt Phone: _____

27) City: _____ 28) State: _____ 29) Zip Code: _____ 30) DOB: _____

List Individuals with Interest or Ownership in the Business

31) Full Name	Title	Address	DOB

Emergency Contact/Local Contact Information

32) Name: _____ 33) Phone: _____

Official Use Only

34) If this applying individual, or any member of this applying firm, has been convicted in this state, or elsewhere, within the past ten years of any offense, not including minor traffic offenses, please state the offense or offenses, the year of conviction, and the punishments assessed therefore.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Home Based |
| <input type="checkbox"/> Not in City | <input type="checkbox"/> Admin Office |
| <input type="checkbox"/> Shared Space/Booth Rental | <input type="checkbox"/> Non-Profit |

Total Amount Paid _____

Date Paid _____

Receipt # _____

Sewer Account # _____

Parcel # _____

License # _____

Activity Type _____

Effective Date _____

Expiration Date _____

I, THE UNDERSIGNED, UNDERSTAND THAT: (1) IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; (2) THIS DOCUMENT IS AN APPLICATION ONLY AND CERTAIN CONDITIONS MUST BE MET BEFORE A BUSINESS LICENSE WILL BE ISSUED TO ME; (3) I CERTIFY THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

35) Licensee Signature: _____ 36) Title: _____ 37) Date: _____

Health Recommendation	Other Recommendation	Planning Recommendation