

BUSINESS LICENSE APPLICATION

CITY OF WINNEMUCCA

90 W. Fourth Street, Winnemucca, Nevada 89445
Phone (775) 623-6339 / Fax (775) 623-6090

The Winnemucca Municipal Code Chapter 5.04.030 provides that any firm or person doing business in the City must obtain a City Business License. This application is made subject to the provisions governing the issuance of business licenses. Please complete the application and return it to the City Clerk's Office at the address listed above.

Date of Application: _____
Name of Business: _____
DBA: _____
Type of Business: _____
Principal Owner(s): _____
Local Manager: _____
Business Address: _____ Business Phone #: _____
City, State, Zip Code: _____
Mailing Address: _____
City, State, Zip Code: _____
Home Address: _____ Home Phone #: _____
City, State, Zip Code: _____

Estimated Annual Gross Receipts: _____ (This figure may be needed to compute the license fee.)

Nevada Sales Tax #: _____ (Dept. of Taxation forms are included in this packet.)

Nevada Business Tax#: _____ (Secretary of State forms are included in the packet)

Nevada Contractor's # (If Applicable): _____

Please fill in the following only where applicable:

(For Motels/Hotels) - # of Units/Rooms: _____

(For Trucking) - # of Vehicles: _____

(For Barbers/Salons) - # of Operators _____

(For Gaming) - # Slots/Amusement _____

(For Gaming) - # Table Games _____

Signature of Responsible Party _____ Title _____ Date _____

BUILDING SURVEY - All Signatures of inspecting departments must be obtained before your license can be issued. Approval is required by the departments checked below:

<input type="checkbox"/>	Planning/Zoning	Approved _____ Disapproved _____	By _____	Date _____
		Property Zoned _____	Special Requirements _____	
<input type="checkbox"/>	Building/Safety	Approved _____ Disapproved _____	By _____	Date _____
		Special Requirements _____		
<input type="checkbox"/>	Fire Protection	Approved _____ Disapproved _____	By _____	Date _____
		Special Requirements _____		
<input type="checkbox"/>	Health Department	Approved _____ Disapproved _____	By _____	Date _____
		Special Requirements _____		
<input type="checkbox"/>	Police Department	_____	_____	Date _____
<input type="checkbox"/>	City Clerk	_____	_____	Date _____
<input type="checkbox"/>	WMCA Convention & Visitors Authority (Hotels, Motels, RV Parks, Rooming Houses, etc.)	_____	_____	Date _____

Remarks: (Use the back of form if needed.) _____

For Office Use Only

Fee: Annual _____ Quarterly - 4 @ _____ Pro-Rated _____
Code _____ Account # _____