

**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 #: \_\_\_\_\_ Nevada Contractor's # (If Applicable): \_\_\_\_\_

Nevada Business ID #: \_\_\_\_\_

Please fill in the following only where applicable:

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

(For Trucking) - # of Vehicles: \_\_\_\_\_ (For Gaming) - # Slots/Amusement \_\_\_\_\_

(For Barbers/Salons) - # of Operators \_\_\_\_\_ (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"/>	<b>Planning/Zoning</b>	Approved _____ Disapproved _____ By _____	Date _____
		Property Zoned _____ Special Requirements _____	
<input type="checkbox"/>	<b>Health Department</b>	Approved _____ Disapproved _____ By _____	Date _____
<input type="checkbox"/>	<b>Police Department</b>	_____	Date _____
<input type="checkbox"/>	<b>City Clerk</b>	_____	Date _____

For Office Use Only

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

## REQUIRED LICENSING INFORMATION

Completion of this document is not required if the business being licensed is a legally recognized corporation. If this condition applies, please indicate by checking the box below and writing the corporation name in the space provided.

The business being licensed is a legally recognized corporation.

\_\_\_\_\_ Corporation Name

### Explanation of this form:

Professional or occupational licenses, certificates or permits, including business licenses issued by the City of Winnemucca, may be denied or restricted if back child support is owed by the person applying for the license or seeking to renew the license. The City of Winnemucca is subject to this new requirement as a result of federal welfare reform that was mandated by the federal government to be carried out by all states, including the state of Nevada. The 1997 session of the Nevada legislature adopted the appropriate legislation which now requires that the City of Winnemucca ask certain questions regarding child support when a person applies for a new business license or seeks to renew a business license.

Every application for a business license must include a statement regarding the applicant's child support payment status. If the applicant fails to answer the questions or fails to sign that part of the application, the application will not be processed. If the applicant reports that he or she is not complying with a support order or approved repayment plan, then the City must inform the applicant to contact the local District Attorney or the State of Nevada Welfare Division to arrange for payment of child support.

The questions which must be answered are set forth below.

## CHILD SUPPORT INFORMATION

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

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

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or 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; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and 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.

\_\_\_\_\_ Name of Business Applicant's Social Security Number

\_\_\_\_\_ Signature of Applicant Date