

**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"/>	<b>Planning/Zoning</b>	Approved _____ Disapproved _____	By _____	Date _____
		Property Zoned _____	Special Requirements _____	
<input type="checkbox"/>	<b>Building/Safety</b>	Approved _____ Disapproved _____	By _____	Date _____
		Special Requirements _____		
<input type="checkbox"/>	<b>Fire Protection</b>	Approved _____ Disapproved _____	By _____	Date _____
		Special Requirements _____		
<input type="checkbox"/>	<b>Health Department</b>	Approved _____ Disapproved _____	By _____	Date _____
		Special Requirements _____		
<input type="checkbox"/>	<b>Police Department</b>	_____	_____	Date _____
<input type="checkbox"/>	<b>City Clerk</b>	_____	_____	Date _____
<input type="checkbox"/>	<b>WMCA Convention &amp; Visitors Authority</b> (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 # \_\_\_\_\_