

**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"/> Planning/Zoning	Approved _____ Disapproved _____ By _____	Date _____
	Property Zoned _____ Special Requirements _____	
<input type="checkbox"/> Health Department	Approved _____ Disapproved _____ By _____	Date _____
<input type="checkbox"/> Police Department	_____	Date _____
<input type="checkbox"/> City Clerk	_____	Date _____

For Office Use Only

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

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	Type of Business	Business Telephone Number	
Business Address	City	State	Zip Code
Federal Identification No.	Social Security No.	Contractor's Board License No.	
Name of Principal Owner (Please Print)		Principal Owner's Telephone No.	
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
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- 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
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I declare that I have the 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 No.
Applicant's Residence Address	City State Zip Code

I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
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Witness Signature - (Business License Office Employee)	Name of City or County
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If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____.

 NOTARY PUBLIC

INSTRUCTIONS

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.

QUESTIONS Please call the State of Nevada, Department of Business and Industry, Division of Industrial Relations, Workers' Compensation Section in Carson City, Nevada at (775) 684-7270.