Sole Proprietorship

Contents/Directions:

Pahrump License Application

Complete the form; read and initial the 5 items. **Sign the form in the presence of a Business License Technician or provide a notarized signature.**

Employer Identification Number

Complete the form and apply by telephone at 800-829-4933. Enter the EIN on the license application. Only apply for if you plan on or have employees.

Nevada State Business License Application **(Required for all businesses)**

Register the completed form with the Secretary of State; either online registration is available at https://nvsos.gov. , or in-person at 555 East Washington Avenue, Ste 5200, Las Vegas, NV. **Return the approved license with the Pahrump application.**

Nevada Business License Application for sales tax

Register the completed form with the Secretary of State; either online registration is available at www.tax.state.nv.us, or in-person at 555 East Washington Avenue, Ste 5200, Las Vegas, NV. **Return the confirmation with the Pahrump application.**

Business License Review Application for the Pahrump Regional Planning District

If the business is not physically located in Pahrump do not complete this form.
All others submit the completed form to Nye County Planning/Zoning Department, 250 North Highway 160, Pahrump, NV. Allow 3-5 days for processing. Return the approved form with the Pahrump application.

Affirmation of Compliance for Workers Compensation

Complete the form and sign in the presence of a Business License Technician or provide a notarized signature. Form does stipulated whether you have employees or not. **(Required to be filed)**

Business Fictitious Firm Name Form

Do not file this form if the business name and corporate name are identical.
Submit the completed form to Nye County Clerk's Office, Nye County Courthouse 1520 E Basin Avenue Pahrump, NV. **Return the approved dba with the Pahrump application.**

Pahrump Valley Fire and Rescue

Complete the form and take it to Town Office at 400 N Hwy 160. **Bring the completed form with Pahrump application and a check for the required fees payable to Pahrump Valley Fire and Rescue (PVFRS).** The Fire Department will call to schedule an inspection.

Provide copies of any federal, state or county licenses, permits or registrations that apply to your business, i.e: health department certifications, cosmetology license, etc.

Provide a copy of Articles of Organization or Articles of Incorporation and list of officers.

Business License Fee: $50.00 for Sole Proprietors

State Exempt sole Proprietors are exempt with the Town as well.

Town of Pahrump
400 N. Highway 160
Pahrump, NV 89060
Phone 775 727-5107
Fax 775 727-0345

For Official Use Only
B/L # _____
C/R# _____

Start Date _____
By _____

BUSINESS LICENSE APPLICATION

Type of Business: Circle One
C=Contractor H=Handyman R=Retail E= Exempt
S=Service W=Wholesale N=Non-Profit

Type of Ownership: Circle One
S=Sole C=Corporation
P=Partnership L=Limited Liability__

Business Information

Business Name _____Telephone_____

Corporation_____FEIN_____

Business Contact Person _____

Physical Address _____City_____ State _____Zip _____

Mailing Address _____City_____ State _____Zip _____

E-mail _____ Fax _____

Business Description: _____

Will any customers/clients or employees ever be present at your business location? Yes____ No____

Special License/Registration Requirements: # Employees _____

Agency:_____ Lic #_____Exp_____

Authorized Representative: Circle one-OWNER---OFFICER---MEMBER/MANAGER---PARTNER

Name _____ Telephone _____

Address_____City_____ State _____Zip _____

SSN ID

Please read and initial each statement below

1. I understand that obtaining this Business License will not in itself exempt me, or my business from satisfying the requirements of the Pahrump Zoning and Conditional Use Permit Ordinance. _____
Initial
2. I have satisfied all the Nevada Revised Statutes, and obtained all the required permits and licenses for this type of business.
Pending:_____
_____
Initial
3. I have never been refused a business license or had a business license suspended or revoked in Nevada or in any other state.
_____
Initial
4. I do not owe any license fees or penalties for any other business licenses issued to me. _____
Initial
5. I understand a Code Enforcement Officer or Licensing Officer may issue warnings, citations, cease and desist orders, and/or may assess penalties for non-compliance with Pahrump Town Ordinance #35. (Business License Ordinance)_____
Initial

I solemnly swear or affirm that statements in this application are true and correct. It is my responsibility to determine and comply with appropriate Federal, State, County and Town requirements. Misrepresenting or failing to reveal requested information may be cause to refuse or revoke my business license. I will comply with the business license ordinance and amendments adopted or enacted by the Town of Pahrump. My license is issued specifically to me and my business only. I will not transfer this license to any other person or business.

Subscribed and sworn before me on this

____day _____20____

_____
Authorized Representative/Applicant

_____
Notary Public or Business License Employee

Business License Resource List

Town of Pahrump 400 N Highway 160, Pahrump, NV 89060	Application & questions	http://pahrumpnv.org	775 727-5107 Ext 312
Internal Revenue Service	EIN Number	http://www.irs.gov	800 829-4933
Nevada Department of Taxation Reno Carson City	Nevada Sales Tax Permit	http://tax.state.nv.us	 775 688-1295 775 684-2000
Nevada Health Division In Nevada Only (Toll-Free)	Health Inspection for Food/Beverage Establishments	http://health2k.state.nv.us	702 486-5069 800 992-0900
Nevada Secretary of State In Nevada Only (Toll-Free)	LLC or Corporation Papers Nevada Business License	http://nvsos.gov/index.	702 486-2880 800 450-8594
Nevada State Contractors' Board 2310 Corporate Circle #200, Henderson, NV 89074	Contractor's License	www.nscb.state.nv.us	702 486-1100
Nye County Clerk 1520 E Basin Avenue, Pahrump, NV 89060	Fictitious Firm Name/DBA	http://nyecounty.net	775 751-7040
Nye County Sheriff 1520 E Basin Avenue, Pahrump, NV 89060	Liquor & Gaming License		775 751-7000
Nye County Planning Department 250 N Highway 160, Pahrump, NV 89060	Planning/Zoning check	http://nyecounty.net	775 751-4249
Pahrump Valley Fire/Rescue Service 300 N Highway 160, Pahrump, NV 89060	Life Safety Inspection		775 751-4000

Form **SS-4**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ **See separate instructions for each line.** ▶ **Keep a copy for your records.**

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☐ No

8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN)
☐ Partnership
☐ Corporation (enter form number to be filed) ▶
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶
☐ Other (specify) ▶

☐ Estate (SSN of decedent)
☐ Plan administrator (TIN)
☐ Trust (TIN of grantor)
☐ National Guard ☐ State/local government
☐ Farmers' cooperative ☐ Federal government/military
☐ REMIC ☐ Indian tribal governments/enterprises
Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 **Reason for applying** (check only one box)

☐ Started new business (specify type) ▶
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶
☐ Changed type of organization (specify new type) ▶
☐ Purchased going business
☐ Created a trust (specify type) ▶
☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none).

If no employees expected, skip line 14.

Agricultural	Household	Other

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). **Note.** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶

16 Check **one** box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Other (specify)

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No

If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code) ( )

Address and ZIP code — Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ — Applicant's telephone number (include area code) ( )

Signature ▶ Date ▶ — Applicant's fax number (include area code) ( )

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form **SS-4** (Rev. 1-2010)

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.[1] See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a–8a, 8b–c (if applicable), 9a, 9b (if applicable), and 10–14 and 16–18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) [2]	Complete lines 1–18 (as applicable).
Purchased a going business [3]	Does not already have an EIN	Complete lines 1–18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust [4]	Complete lines 1–18 (as applicable).
Created a pension plan as a plan administrator [5]	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a–5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits [6]	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 [7]	Complete lines 1, 2, 4a–5b, 9a, 10, and 18.
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes [8]	Complete lines 1–18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation [9]	Complete lines 1–18 (as applicable).

[1] For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

[2] However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

[3] Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

[4] However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

[5] A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

[6] Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

[7] See also *Household employer* on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

[8] See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

[9] An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Nevada State Business License Sole Proprietor Application

Online application is also available at www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT **PRINT LEGIBLY OR TYPE ALL INFORMATION** **ABOVE SPACE IS FOR OFFICE USE ONLY**

Completing this form DOES NOT relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

***** Asterisks indicate **required** information. Incomplete forms will be rejected.

INSTRUCTIONS:

1. This application is for the use of a sole proprietor doing business in the state of Nevada.
2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 **DO NOT** use this form. Please submit a State Business License Exemption form.
3. Return the completed application with the $200.00 business license fee. **Refunds are not available on improperly filed applications.**
4. **File online at www.nvsos.gov** or return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
5. If paying by check, make your check payable to the Secretary of State. If paying by credit card, you must complete and attach an ePayment Checklist available at www.nvsos.gov in the Forms Library under the Resources section of the Business Center.
6. The sole proprietor applying for the State Business License must sign the application. ***FORM WILL BE RETURNED IF UNSIGNED.***

1*

Signature must be that of the sole proprietor.

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. I understand that this is the name that will be listed as the sole proprietor on the State Business License.

First Name | Middle (Optional) | Last Name | Suffix

X _____ Signature of Sole Proprietor | Date

Spouse, required only if to be listed on license

First Name | Middle (Optional) | Last Name | Suffix

X _____ Signature of Spouse | Date

2

You may add up to four businesses associated with this sole proprietor. Entries into this section *do not* relieve you of other business license or DBA filings required by local/county offices.

Business Name(s) 1. 2. 3. 4.

3*

Physical Address: Physical Street Address | City | State | Zip Code

4

Mailing Address (if different): PO Box or Street Address | City | State | Zip Code

5

Entity Phone ( )

6

Email Address ☐ Check here to receive notices electronically

7

Taxpayer Identification # (Dept of Taxation Issued TID) (***Do Not*** provide Social Security Number)

This form must be accompanied by appropriate fees. See instructions.

Reset

230104

ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

ePayment Checklist
(For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type: ☐ Counter ☐ Mail ☐ Fax

Order Processing Requested: **(Expedite Processing *Requires* Additional Fees)**

☐ Regular Processing ☐ **24-HOUR** Expedite ☐ **2-HOUR** Expedite ☐ **1-HOUR** Expedite

Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number: V CODE*

***** 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

NOTICE: *For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month Year

Amount to Charge Card: USD $

Order Information *(required)*

Entity Name/Order Reference:

Card Holder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X

Authorized Signature

Not to Exceed Amount: USD $

Reset

BUSINESS LICENSE REVIEW APPLICATION

Pahrump Regional Planning District

See Reverse for Submittal Requirements

AREA BETWEEN DOUBLE LINES FOR STAFF USE ONLY

DATE RECEIVED:		APPLICATION NUMBER: BR –	
RECEIPT:	REVIEWED BY:	REFERENCE FILES:	
HAS SITE DEVELOPMENT BEEN APPROVED? ☐ YES ☐ NO ☐ N/A		CURRENT ZONING:	
DOES THIS COMPLY WITH HOME OCCUPATIONS? ☐ YES ☐ NO ☐ N/A		MASTER PLAN DESIGNATION:	
APPLICATION APPROVED: ☐ YES ☐ NO		CODE COMPLIANCE ON FILE? ☐ YES ☐ NO	
STAFF NOTES:			

Contact Information (Clearly Print All Information Using Ink or Type)

Property Owner:

Applicant/Business Owner/Authorized Agent:

Mailing Address:

City: State: Zip Code:

Telephone: Mobile: Email:

Business Location Information

Assessor's Parcel Number(s): T/S/R: Acreage:

Legal Description: Unit- Block- Lot- Subdivision:

Business Address: Nearest Cross Street:

Describe the previous use/business at this location:

PROPOSED BUSINESS NAME:	Is this a proposed Home Based Business? ☐ Yes ☐ No
	Will the business be located in a portion of the home? ☐ Yes ☐ No
DETAILED DESCRIPTION of proposed business:	Will the business be located in an accessory building? ☐ Yes ☐ No
	Will the business have customer visits to the home? ☐ Yes ☐ No
	Will the business use business vehicles? ☐ Yes ☐ No
	Will the business employ people that don't live at the home? ☐ Yes ☐ No
	Will the business manufacture goods? ☐ Yes ☐ No
	Will the business have outdoor storage? ☐ Yes ☐ No

(I, We), the undersigned swear and say that (I am, We are) the owner(s) of the business listed above located on the property involved in this application, or (am, are) otherwise qualified to initiate this application under Nye County Code; that the information on the application and supplemental documents attached hereto, and all of the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief. (I, We) understand that falsification of any information contained hereon may cause all approvals to be revoked. (I, We) further acknowledge that I/We have read, understand and agree to comply with the attached "Letter of Understanding and Agreement".

Business Owner/Agent (Original Signature Required) Business Owner/Agent (Print Clearly)

Business License Review Applications May be Accepted over the Front Counter

All submittals must be legible, printed in ink, and suitable for reproduction

Documents Required for Submitting a Business License Review Application					
Application	Proof of Ownership	Copy of Executed Lease Agreement	Assessor's Parcel Map	Application Fee **(Check, Cashier's Check or Money Order**)	
1[1]	Yes[2]	Yes[3]	1[4]	$10.00	

1. **If needed, a corporate declaration of authority (or equivalent), power of attorney, or signature documentation is required if the applicant and/or property owner is a corporation or provides signature in a representative capacity.**
2. If ownership has recently changed and the property ownership is not the same as shown on the assessor's records, a copy of the grant bargain/sale or quitclaim deed must be submitted.
3. If you are not the legal property owner of record but are the tenant and will be operating the business at this location, **a copy of the lease agreement is required.**
4. The most recent copy of the Assessor's Parcel Map page is required. http://asdb.co.nye.nv.us:1401/cgi-bin/asw100

Procedures and Standards for Business License Review Applications:

A. A Business License Review Application shall be submitted to the Planning Department **prior to** the occupation of any residential building or accessory structure for business related purposes, and **prior to** establishing any other land use which may not require a building permit.

A. To file a Business License Review Application, assemble the required documents and submit them to the Nye County Planning Department at the address listed below. **SUBMITTING AN APPLICATION WITHOUT THE REQUIRED DOCUMENTS WILL DELAY YOUR APPROVAL(S). ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED FOR REVIEW.**

B. A Business License Review Application approval is valid for 180 days from the date of approval, and will expire if not commenced for the proposed use for which the Business License Review was obtained.

C. The Nye County Planning Department may have approved your Business License Review Application; however, you **must** refer to any restrictive covenants (CCR's, Declaration, etc.) of record that may prohibit the proposed use on this lot or which may require adherence to stricter development standards. The Nye County Planning Department does not provide legal or business advice. Any approval issued by the Planning Department is related only to the land use and the proposed development as described on the approved application. You must comply with any and all Federal, State, County or Town regulations that may pertain to your business. There are additional requirements for allowing public entry into a home-based business, liquor licensing, fireworks, brothels, gaming, etc.

D. A Business License Review approval by Nye County Planning Department does not constitute approval by Pahrump Building Safety for occupancy change, structural modifications or fire related issues; it does not constitute an approval by Pahrump Valley Fire-Rescue Services for life-safety compliance; it does not correlate to an approval by any organized Homeowner's Association/Architectural Review Committee; nor does it relieve you of your responsibility as the Property Owner/Business Owner for discovering and adhering to all required Ordinances, Regulations, Rules, Codes and Laws. Anyone developing within an area that may be governed by any such organized Homeowner's Association/Architectural Review Committee should contact that organization.

E. Complete applications with payment in the form listed above may be submitted by mail. Please contact the Planning Department for more information.

Office hours are Monday-Thursday
7:30 am to 5:30 pm

Nye County Planning Department
250 N. Hwy 160, Suite 1
Pahrump, NV 89060
Phone: (775) 751-4249
Fax: (775) 751-4324
Website: http://www.nyecounty.net
Email: planning@co.nye.nv.us

Nye County Planning Department
250 N. Highway 160, Ste 1
Pahrump, NV 89060

Nye County Home Occupation
Letter of Understanding and Agreement

Business Owner / Applicant Name: _____

Business Owner Phone: _____ Business Owner email: _____

Business Address: _____ Business APN: _____

The criteria for Nye County to allow businesses to operate out of a home are set forth in Nye County Code §17.04.800 "Home Occupations", and require your reading, understanding and agreement of this section of Code prior to this department issuing an approval of your Business License Review Application.
Please initial next to each condition indicating you have read and understand each requirement

_____ I have been provided a copy of NCC §17.04.800 "Home Occupations".

_____ I understand the home business will be incidental to the residential use of the home and shall be conducted entirely within the home or an accessory structure. **Employees WILL NOT report to the property for work.**

_____ I understand the home business shall not change the residential character of the unit.

_____ I understand the home business shall not produce noise, fumes, odor, smoke or electrical disturbance that will interfere with the general area.

_____ I understand there shall be no outdoor storage of goods, materials, supplies or solid wastes associated with the home business, and merchandise shall not be displayed so it's visible from outside the home or accessory structure.

_____ I understand there shall be no more than five (5) business related visitors to the home per day.

_____ **I understand should my home business be open for public entry there are life-safety requirements under the International Fire Code I must follow, and I will speak with Pahrump Building Safety for that information.**

_____ **I understand should my home business be open for public entry, I must file for a Change of Occupancy through Pahrump Building Safety.**

_____ I have read, understand and agree to the requirements set forth in NCC §17.04.800 "Home Occupations" and any requirements of this code that I did not understand, staff explained. _____ (staff initials)

By signing this Letter of Understanding and Agreement, the business owner/applicant stated above assumes and accepts all responsibility, liability, terms and conditions of compliance with operating a home-based business.

Business Owner / Applicant Signature: _____

17.04.800 HOME OCCUPATIONS

A. Scope. This Chapter applies to all licensed home occupations and Residential Industries within the residential zoning districts.

B. Purpose. The purpose of this Chapter is to provide for limited business uses in association with a dwelling unit where such uses will clearly not alter the exterior appearance of the residence or affect the residential character of the neighborhood. Residential industry shall be allowed in the single-family residential zoning districts on lots that are 20,000 square feet or larger.

C. Requirements. Requirements are as follows:

1. The use of the dwelling or permitted accessory structure for purposes of the home-based business or residential industry shall be clearly incidental and subordinate to its use for residential purposes. The home-based business or residential industry shall be conducted entirely within the dwelling unit or a permitted accessory structure and carried on by family members who reside on premise. Employees are permitted so long as they do not report for work at the property.

   a. Within a dwelling unit, the home-based business or residential industry shall not exceed twenty-five (25%) percent of the gross floor area of the dwelling unit.

   b. Within an attached or detached accessory building, the home-based business or residential industry shall not change the residential character of the property.

   c. Within the Rural Homestead Zones, the home-based business may occupy up to thirty-(30%) percent of the floor area of the accessory structure if the accessory structure exceeds the size of the dwelling; if the accessory structure does not exceed the size of the dwelling the home-based business may occupy up to one-hundred percent (100%) of the floor area of the accessory structure.

2. Any signage must conform to Section 17.04.770 of this Chapter.

3. No addition, alteration, or remodeling which would change the residential character of the unit.

4. No home occupation, home-based business or residential industry which would or might produce noise, fumes or odor, industry smoke, or electrical disturbance or in any way interfere with the peace, contentment, and general welfare of the area..

5. Prohibited home-based business or residential industry include: automotive or equipment repair, automotive body or fender repair, commercial preparation of food for service on the premises, sexually-oriented businesses, liquor sales or distribution, undertaking or funeral homes, medical or dental clinics, businesses related to or involving explosives or highly hazardous substances as defined by NRS 459.9533, or any business activity that is regulated through the Conditional Use Permit Procedures.

   a. Beauty and barber shop including aesthetician services may be permitted in accordance with State regulations, and shall be limited to no employees and providing service to one (1) customer at a time.

6. The use of special equipment or the repair or the manufacture of goods or equipment may be subject to conditions.

7. There shall be no outdoor storage of goods or materials, supplies or solid wastes associated with the home-based business or residential industry. Merchandise shall not be displayed in a manner to be visible from outside of the dwelling or accessory structure.

8. Truck deliveries to a home-based business or residential industry shall be limited to daily delivery by federal or private mail and/or express package delivery services.

9. Visitors or customers shall not exceed five (5) business related visitors per day.

    a. If the home-based business or residential industry is they type in which classes are held or instruction is given, the Zoning Administrator may approve up to eight (8) students at a time, if they find that there is sufficient parking, and the additional traffic will not cause congestion in the neighborhood.

10. No more than two (2) additional off-street parking spaces shall be established to accommodate the home-based business or residential industry. Any additional parking shall be approved by the Zoning Administrator. If additional parking is provided, it shall be provided on an improved (asphalt or concrete), chip-seal, gravel (Type II), chat, brick, stone, special paving blocks, or other such similar type of durable surface.

11. Home-based business and residential industry are assigned to the holder of the home-based business license and are not appurtenant to the land or structure. (Ord. 353, 2008)

NEVADA DEPARTMENT OF TAXATION

SUPPLEMENTAL REGISTRATION

Please print clearly — use black or blue ink only
Please mark applicable type(s) (See Instructions)

For Dept. Use Only
Permit/License No.
Dept. of Taxation Representative accepting application:

☐ Sales/Use Permit ☐ Consumers Certificate ☐ Certificate of Authority ☐ Nevada Business License ☐ Live Entertainment Tax ☐ Modified Business Tax

1. DBA (as shown on the Nevada Business Registration Form):

2. Business telephone number:

3. If corporation, STATE of incorporation or formation:

FEES AND SECURITY DEPOSIT

4. Estimated total monthly receipts:

5. Estimated total Nevada monthly TAXABLE receipts:

6. ☐ I do not purchase tangible personal property for storage, use or other consumption in Nevada.
☐ Corporation with no employees (other than resident agent in Nevada)

7. Home-based businesses — indicate last year's NET INCOME or estimate the current year's NET INCOME if this a new business:

8. Reporting cycle (check choice of reporting)
Sales Tax Accounts with over $10,000 a month in TAXABLE sales must report monthly.

	Monthly	Quarterly	Annual
Sales/Use Tax	☐	☐	
Use Tax	☐	☐	☐
Business License Fee			☐
Live Entertainment Tax Occupancy ☐ 200 to 7,499 ☐ 7,500 or More	☐		
Modified Business Tax ☐ General Business ☐ Financial Institution		☐	

9. Security (see instructions)
☐ Cash
$_____
☐ Surety # _____
☐ CD # _____

10. Total Nevada business locations:

11. Sales Tax Fee (See instructions):

12. Business License Fee (See instructions):

13. **OTHER INFORMATION**

Name of spouse/relative: Address of spouse/relative: Phone number of spouse/relative:

Name of other contact: Address of other contact: Phone number of other contact:

Accountant/bookkeeper: Address of accountant/bookkeeper: Phone number of accountant/bookkeeper:

Name of bank/financial institution – location / account number:

Business account: _____
Personal account: _____

Other employment (If applicable):

Company name: _____
Company name: _____

FOR DEPARTMENT USE ONLY

ST/UT No.: _____ **BL/MBT No.:** _____

Combine Accts: ☐ **Yes** ☐ **No**

Previous Acct: **Previous Acct Cancelled:** ☐ **Yes** ☐ **No**

Comments:

☐ **Cash** ☐ **Check** **ABA #:** **Bank:** **Branch:**

SUPPLEMENTAL REGISTRATION INSTRUCTIONS

Sales/Use Tax — A business which sells tangible personal property at retail or wholesale, and has a physical location in Nevada or enters Nevada to conduct business, must pay a $15.00 permit fee for EACH in-state business location. If the business does not have a physical location in Nevada, it must still pay a minimum fee of $15.00.

Security — A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, compute your average monthly taxable sales. Multiply taxable Nevada sales by the highest tax rate in Nevada, which is 8.10% as of 07/01/09. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. There is a minimum security deposit requirement of $100.00. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.

Consumer's Certificate (Use Tax) — This certificate allows a Nevada business, not required to hold a Nevada Sales/Use Tax permit, to pay use tax directly to the State on tangible personal property purchased from a vendor not registered to collect Nevada sales tax. Example: Contractors who do not make sales and only purchase building materials for their own use from out of state. All businesses required to register for the State Business License that purchase tangible personal property for storage, use or other consumption in Nevada must also register for use tax. Registering for use tax does not require payment of a fee, nor does it require security.

Certificate of Authority — This permit is available to out-of-state businesses having no jurisdiction or nexus in Nevada. The permit allows an out-of-state business, who is not required to hold a Nevada Sales/Use Tax permit, to voluntarily register in order to collect and remit use tax as a convenience for its Nevada customers. This permit does not require payment of a fee, nor does it require security.

Nevada Business License Fee — Businesses, Nevada corporations, foreign corporations, partnerships and proprietorships operating in Nevada must pay a $200.00 Business License Fee. The Business License Fee is renewable annually on the anniversary date. Nonprofit 501(C) organizations and all governmental entities are not required to obtain a State Business License or pay the fee. **Effective October 1, 2009, the Business License and Fee will be administered and collected by the Secretary of State office (SOS). The definition of business will also change on that date. You may obtain more information at the SOS website at http://sos.state.nv.us/ or call 775-684-5708.**

Live Entertainment Tax (LET) — Monthly tax is based on admission charges, merchandise, food and refreshment sales for non-gaming facilities providing live entertainment with maximum occupancy of 200 to 7,499. Monthly tax is based on admission charges only for non-gaming facilities providing live entertainment with occupancy of 7,500 or more. If the maximum occupancy is under 200, no tax liability exists. Maximum occupancy that meets or exceeds 200 must register for the Live Entertainment Tax. Maximum occupancy means the maximum occupancy of the facility as determined by the State Fire Marshal or local governmental agency.

Modified Business Tax (MBT) / Modified Business Tax on Financial Institutions (MBTFI) — A Quarterly tax based on gross wages. There is an allowable deduction for qualified health insurance or plan. Exceptions include non-profit 501© organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. You must also be registered with the Employment Security Division.

THIS FORM MUST BE SUBMITTED WITH YOUR

NEVADA BUSINESS REGISTRATION FORM

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 **y** **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**

( ) 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**

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**

Witness Signature - **(Business License Office Employee)** **Name of City or County**

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

D-25(1) (rev. 3/01)

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.

AType 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.

CERTIFICATE OF BUSINESS - FICTITIOUS FIRM NAME File #_____

THIS FICTITIOUS FIRM NAME WILL EXPIRE IN 5 YEARS FROM DATE FILED
Certificate filed on _____, 20___ Expires on _____, 20___

☐ New Application
☐ Renewal of Existing Fictitious Firm Name
☐ Address Change (No Filing Fee)
☐ Name Change – Proof of Legal Name Change Required (No Filing Fee)
Original Name_____

THE UNDERSIGNED do/does hereby certify that _____
(Name of individual, corporation, partnership or trust)
mailing address for renewal _____, _____, _____, _____
(P.O. Box/Street) (City) (State) (Zip)
is/are conducting _____business located at _____,
(kind of business) (physical address)
_____, Nevada _____, phone number _____ under the fictitious name
(City) (Zip Code)
_____

said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

1)_____
Signature Date
_____
Print Name
_____
Address (phone)
_____
Mailing Address if different from above
_____
City, State, Zip

2)_____
Signature Date
_____
Print Name
_____
Address (phone)
_____
Mailing Address if different from above
_____
City, State, Zip

3)_____
Signature Date
_____
Print Name
_____
Address (phone)
_____
Mailing Address if different from above
_____
City, State, Zip

4)_____
Signature Date
_____
Print Name
_____
Address (phone)
_____
Mailing Address if different from above
_____
City, State, Zip

STATE OF NEVADA, County of Nye

I, _____, Nye County Clerk/Notary Public in and for the said County and State, residing therein, duly sworn, personally appeared _____ known to me to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged to me that he/they executed the same.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.
Sworn before me on this _____ day of _____, 20____

Sandra Merlino
Nye County Clerk

_____ **or** By _____
Notary Public Deputy Clerk
State of _____ County of _____

PAHRUMP VALLEY FIRE RESCUE
FIRE INSPECTIONS
300 N HIGHWAY 160
PAHRUMP, NV 89060
(775) 751-4000

CERTIFICATE OF OCCUPANCY/LIFE SAFETY INSPECTION APPLICATION

Contact/Owner: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Alternate Phone: _____

Email Address:_____

Type of Business: _____

Move in Date: _____

List Chemicals Stored & Quantity: _____

_____

_____

Please send completed form with correct fee to 400 N Highway 160, Pahrump, NV 89060.

FEES: $50.00 = Certificate of Occupancy (initial fee for new business or change of ownership)
50.00 = Life Safety Inspection (annually after initial inspection)
50.00 = Hazardous Materials (annually, if applicable)
10.00 = Temporary Permit (covers special events)
50.00 = Re-inspections (determined by Inspector)

	DATE	INITIALS	COMPLETED
APP SUBMITTED			Y / N
FEE PAID			Y / N

CASH____CK #_____ CREDIT CARD _____

DO NOT WRITE BELOW THIS LINE FOR INSPECTORS USE ONLY

1st INSPECTION _____ Y / N

2nd INSPECTION _____ Y / N

OCCUPANCY _____ Y / N
Cert #_____

LIFE SAFETY _____ Y / N
No. _____