

**Town of Pahrump**  
**400 N Highway 160**  
**Pahrump, NV 89060**  
Phone: 775 727-5107 Fax: 775 727-0345  
E-mail: [businesslicense@pahrumpnv.org](mailto:businesslicense@pahrumpnv.org)

**Seller Permit**  
**Must be on display for public view at**  
**all times.**

Business Name: \_\_\_\_\_

Type of Items: \_\_\_\_\_

Nevada Sales/Use Tax Permit: \_\_\_\_\_

Dates of Sale: \_\_\_\_\_

Location of Sale: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

.....

Property \_\_\_\_\_ Owner:

Address \_\_\_\_\_ or \_\_\_\_\_ APN#:

Signature: \_\_\_\_\_

In signing this document the property owner authorizes the above named business/individual to offer products and/or a service from the location listed and is not responsible for permits or licenses required.

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Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

# Vendors \_\_\_\_\_ X \$5.00 = Total Due \$ \_\_\_\_\_

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Fees: \$5.00 per Vendor.

Issued in accordance with Pahrump Town Ordinance # 35, this permit is subject to renewal every 30 days.

Please attach the following:

A copy of the Nevada Business License and Sales/Use Tax Permit or Exemption (Not Valid unless Embossed with Town of Pahrump Seal)

Certificates of Insurance for Workman's Compensation for employees or Affirmation of Compliance

If you are a corporation or LLC, we also need a copy of your articles of incorporation or organization and list of officers.

If you are a sole proprietorship or partnership, we need child support declaration(s) filled out and signed by the owner(s).

If you are serving food or beverages, you must attach a copy of your health inspection.

**Child Support Declaration**

I, the above mentioned applicant, (  am;  am not) subject to a court order for child support and (  am;  am not;  n/a) in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

Initial \_\_\_\_\_



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Property \_\_\_\_\_ Owner: \_\_\_\_\_

Address \_\_\_\_\_ APN#: \_\_\_\_\_

Signature: \_\_\_\_\_

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Property \_\_\_\_\_ Owner: \_\_\_\_\_

Address \_\_\_\_\_ APN#: \_\_\_\_\_

Signature: \_\_\_\_\_

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Address \_\_\_\_\_ APN#: \_\_\_\_\_

Signature: \_\_\_\_\_

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Property \_\_\_\_\_ Owner: \_\_\_\_\_

Address \_\_\_\_\_ APN#: \_\_\_\_\_

Signature: \_\_\_\_\_

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**This Permit can be revoke at any time upon request of the Property Owner.**