



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874

BUSINESS LICENSE CHECKLIST

- **BUSINESS LICENSE APPLICATION.** Please complete the form in its entirety.
- **FICTITIOUS NAME (DBA).** If your business is utilizing a fictitious firm name (DBA), it must be registered with the Churchill County Clerk/Treasurer's Office, 155 North Taylor Street, Fallon, Nevada. You will need to provide a copy of your fictitious name with your application.
- **STATE BUSINESS LICENSE.** You must register with the Nevada Secretary of State for a Nevada state business license. You may register online at www.nvsilverflume.gov. You may also register in person at the Nevada Secretary of State, 202 North Carson Street, Carson City, Nevada. If you have questions regarding a Nevada state business license, please contact them at 775-684-5708. You will need to provide a copy of your State business license with your application.
 - **OUT OF AREA BUSINESS LICENSE.** If your business is based outside the City of Fallon, you will need to submit a copy of your business license from the issuing agency where you are located.
- **NEVADA STATE TAXATION.** You must register with the Nevada Department of Taxation by completing the sales and use tax permit registration online at www.nvsilverflume.gov. You may also register in person at the Nevada Department of Taxation, 4600 Kietzke Lane, Building "L", Suite 235, Reno, Nevada. If you have questions regarding the sales and use tax permit, please contact them at 866-962-3707. You will need to provide a copy of your proof of registration with your application.
- **STATE INDUSTRIAL INSURANCE.** You must complete a Nevada Industrial Insurance affirmation of compliance letter, even if you have no employees. You may obtain an affidavit of compliance online at www.nvsilverflume.gov. If you have questions, please contact the Nevada Industrial Insurance, 400 West King Street, Suite 400, Carson City, Nevada or at 775 684-7260. You will need to provide a copy of the affidavit of compliance or the completed compliance form with your application.
- **CERTIFICATE OF PROFESSION.** If you have a Certificate of Profession (i.e. Contractor's License, Child Care, Practitioner, Liquor distribution/importation, Gaming, DMV registration/license, Cosmetologist, etc.) you will need to provide proof of any required licenses with your application.
- **CHILD SUPPORT STATEMENT.** You must complete the Child Support Compliance Statement, included in this packet.
- **OTHER LICENSING (Liquor, Gaming, Cabaret).**
 - If your business will be serving or selling alcohol, you must complete the Liquor License Application.
 - If your business permits dancing or will be providing live entertainment, you must complete the Cabaret License Application.
 - If your business will be providing gambling games or gambling devices, you must complete the Gaming License Application.
- **SOLICITORS PERMIT.** If you will be going door to door, you must obtain a Solicitors Permit. This form can be obtained at the City Clerk's Office.
- **STATE HEALTH PERMIT.** A State Health Permit is required for all businesses handling food, beverages, or cosmetics. Please contact the Nevada Bureau of Health Protection Services at 775-423-2281 or 775-687-7533.
- **APPROVALS AND AGENCY SIGN-OFFS.** Business License staff will provide you with a signoff form and information regarding certain federal, state, county, and city requirements. However, this service is informational and should not be construed as a final or complete interpretation of legal requirements, which must be obtained from the appropriate agency. You will be directed to all applicable agencies for final approval. These agencies may charge fees for any inspections to be made. You must obtain agency approval on the sign off form **before** your license can be issued.
- **FEES.** The business license fee must be paid before your license can be issued.



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BUSINESS LICENSE APPLICATION

Date of Application: _____

Application Type: New Owner Change Manager Change Name Change Location Change

Name: _____ Title: _____
Last First MI

Home Address: _____
City State Zip

Business Entity Type: Sole Proprietor Partnership Limited Liability Company DBA
 Corporation Association Other: _____

Business Name: _____

Business Owner(s): _____

Business Manager: _____

Business Address: _____
City State Zip

Mailing Address: _____
City State Zip

Is this a Home Based Business: Yes No If "Yes", you will be subject to the City's small commercial electric rates.

Business Phone Number: _____ Business Fax Number: _____

Email Address: _____

Federal Tax ID: _____ NV Business License Number: _____

Nevada Taxation Number: _____ Nevada Contractor Number: _____

County Number: _____

Nature of Business: _____

I certify that the business stated above, anticipates annual gross sales of:

	Annual Gross Receipts	License Fee
<input type="checkbox"/>	Between \$0.00 and \$24,999.00	\$50.00
<input type="checkbox"/>	Between \$25,000.00 and \$99,999.00	\$100.00
<input type="checkbox"/>	Between \$100,000.00 and \$249,999.00	\$150.00
<input type="checkbox"/>	Between \$250,000.00 and \$499,999.00	\$200.00
<input type="checkbox"/>	Between \$500,000.00 and \$749,999.00	\$250.00
<input type="checkbox"/>	Between \$750,000.00 and \$999,999.00	\$300.00
<input type="checkbox"/>	Over \$1,000,000.00. For each additional \$500,000 of gross receipts, the fee shall be increased by \$125 (Example: \$1,768,593.00 = \$550.00 License Fee)	
TOTAL LICENSE FEE		

I declare under penalty of perjury that the foregoing is true and correct:

1. That I have received and read a copy of Chapter 5.04 of the Fallon Municipal Code – Business Licenses;
2. That upon approval of a Business License, I will conduct the business and business establishment in accordance with the provisions of the laws of the State of Nevada, the United States, and the ordinances of the City of Fallon applicable to the conduct of business; and
3. That the above information is true and correct to the best of my knowledge and belief and that such declaration is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a business license.

 Applicant's Signature



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CHILD SUPPORT COMPLIANCE STATEMENT

In compliance with State and Federal law, applicants applying for a Business License are required to complete and submit this Child Support Information Statement with their Business License Application. Failure to complete this form will be an automatic denial of any license, certificate or permit that you are applying for.

- 1. I am not subject to a court order for the support of a child.
- 2. I am subject to a court order for the support of one or more children and in compliance with the order or 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.
- 3. I am subject to a court order for the support of one or more children and **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. *** Note: If you have marked this response you should contact the District Attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the Order.*

I certify, under penalty of perjury to the truth and accuracy of all statements contained herein.

Signature: _____

Printed Name: _____

Social Security Number: _____

Date: _____



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**BUSINESS LICENSE
LOCATION APPROVAL FORM**

The following signatures indicating compliance with applicable health, safety zones, and building standards must be secured by the applicant before a City of Fallon business license can be issued.

Business Name: _____

Business Address: _____

Applicant's Name: _____

(24 HOUR NOTICE MAY BE REQUIRED)

City of Fallon Building Department
Dave Munoz, Building Inspector
55 West Williams Avenue, Fallon, Nevada 89406

Office: 775-423-5107
Cell: 775-217-5967

Approved By: _____

Date: _____

City of Fallon/Churchill County Fire Department
Mitch Young, Fire Marshall
20 North Carson Street, Fallon, Nevada 89406

Office: 775-423-0665
Cell: 775-427-7911

Approved By: _____

Date: _____

SALE OF CONSUMABLE ITEMS, MUST BE APPROVED BY THE HEALTH DEPARTMENT

Consumer Health Division
155 North Taylor Street, Suite 103, Fallon, Nevada 89406

775-423-2281
775-687-7571
775-687-7539

Approved By: _____

Date: _____

OFFICIAL USE ONLY:

Account No. _____ License No. _____ Zone: _____

Reviewed By: _____ Payment Received By: _____