



Please fill out & sign the following form digitally or print and fill out. Then, submit it with one of the following methods:

1. Scan and email to Liz Kelley: lkelly@fallonnevada.gov
2. Fax to Liz Kelley at the City of Fallon: 775-423-8874
3. Print and bring into the City of Fallon City Hall office and turn into Liz Kelley.

CITY OF FALLON BUSINESS LICENSE CHECKLIST

Business Type: _____

*****Please note: Copies of all applicable items below are required with the completed application**

- Federal Tax ID (If you are not using a social security number)
 - NV Dept. Of Taxation – (Only exempt if Religious, Educational, or Charitable Organization)
 - State of Nevada Business License
 - Name Papers (Fictitious, LLC, Articles of Inc., partnership, etc)
 - State of Nevada Contractors License
 - Contractor’s License from origination state- If applicable
 - License where business is from– for businesses based out of town
 - Permission letter to set up at another business– if applicable
 - Letter from property owner- if home based business
 - Health Department Certificate or Inspection Page
- *** Business License will be contingent on copy of Health Certificate being given to the City of Fallon within 30 days of business license being issued.
- Certifications for _____
(Type of business being conducted)



BUSINESS LICENSE APPLICATIONS—GROSS RECEIPTS FORM

THE UNDERSIGNED CERTIFIES THAT THE BUSINESS KNOWN AS:

_____ ANTICIPATES GROSS SALES OF NOT LESS THAN _____
_____ DOLLARS, NOR MORE THAN _____
DOLLARS. THAT THE BUSINESS BEING CONDUCTED BY THE UNDERSIGNED IS

FOR THE SALE OF: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS OF: _____

THE UNDERSIGNED IS A: CORPORATION LLC PARTNERSHIP SOLE OPERATED BUSINESS
(PLEASE, YOU MUST CIRCLE ONE)

SIGNATURE

_____/_____/_____
DATE

FEES: CALCULATIONS BASED ON ANNUAL GROSS RECEIPTS AS FOLLOWS:

| | | | |
|-------|--------------|-----------------|---------------------------|
| FROM: | \$0.00 | TO \$24,999.00 | =LICENSE FEE OF \$50.00 |
| FROM: | \$25,000.00 | TO \$99,999.00 | = LICENSE FEE OF \$100.00 |
| FROM: | \$100,000.00 | TO \$249,999.00 | = LICENSE FEE OF \$150.00 |
| FROM: | \$250,000.00 | TO \$499,999.00 | = LICENSE FEE OF \$200.00 |
| FROM: | \$500,000.00 | TO \$749,999.00 | = LICENSE FEE OF \$250.00 |
| FROM: | \$750,000.00 | TO \$999,999.00 | = LICENSE FEE OF \$300.00 |

For each additional \$500,000.00 of gross receipts, the fees shall increase by \$125.00 in addition to the above fees. For example: \$1,768,593.00 would equal to a payment of \$550.00

***** You will need to base your license fees for the gross receipts that you will have for this year, as the license will expire on December 31st this year. *****



*****PLEASE COMPLETE THE FOLLOWING FORM GIVING ALL INFORMATION PERTINANT TO YOUR BUSINESS AND THIS APPLICATION. *****

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ **BUSINESS FAX:** _____

EMAIL ADDRESS: _____

NAME PAPERS ON FILE AT: _____

NATURE OF BUSINESS: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE: _____

MANAGER/CONTACT PERSON: _____

MANAGER ADDRESS: _____

MANAGER PHONE: _____ **FAX:** _____

FEDERAL TAX I.D. #: _____ **OR S. S. #:** _____

NV BUSINESS LICENSE #: _____ **NV Taxation #:** _____

NV CONTRACTOR #: _____ **COUNTY #:** _____

*****I/WE hereby certify that the foregoing is true and correct, and further certify to the City of Fallon that I/WE am/or are presently duly licensed and otherwise authorized and during the period of this license, do promise to remain duly licensed and authorized to conduct the above stated business enterprise in accordance with all applicable laws, rules and regulations pertaining to same, and required under Nevada and Federal law.**

X _____ X _____

DATE: ____/____/____ **DATE:** ____/____/____

TITLE: _____ **TITLE:** _____



APPLICANT'S CHILD SUPPORT INFORMATION

Senate Bill 356 Approved by the 1997 legislature, Sections 28-31 of chapter 483, Statutes of Nevada, at page 2043-2044 requires that before the City of Fallon issues any license, permit, or certificate to engage in or practice any profession or occupation which requires a license, permit or certificate from the City of Fallon pursuant to N.R.S. 266.355, all applications shall sign and submit to the City of Fallon certain required child support information. If applicant fails to complete the required from or if the applicant acknowledges that he or she is not in compliance with a child support order or payment plan, the City of Fallon cannot issue a license, permit or certificate.

If an applicant acknowledges non-compliance with a child support order or payment plan, the applicant must contact the Churchill County District Attorney or other public agency enforcing the child support order, obtain the necessary order or letter indicating required compliance, and upon receipt by the city of that order or letter, the license, permit or certificate will be issued.

If a license, permit or certificate is issued to an applicant and if the City of Fallon receives a court order providing for suspension of all professional, occupational and recreational license, the city shall suspend the issued license, certificate or permit, on the 30th day after the order was issued, unless the city receives written documentation that the matter has been appropriately resolved.

The following child support information must be completed and submitted to the city together with the completed application for a license, certificate or permit to be issued.

Please indicate, by the placement of your initials, the appropriate response (note: failure to respond to one of the following three questions will result in the denial of the application)

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and I am in compliance with that order or a plan approved by the district attorney or other public agency enforcing the order for payment and repayment of the amount owed pursuant to the court order.

_____ I am subject to a court order for the support of one or more children and I am not in compliance with the court order or plan approved by the district attorney or other public agency enforcing the order of payment and repayment of the amount owed pursuant to the order.

Signature: _____ Applicant's social security#: _____

Date: _____



BUSINESS LICENSE 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. UPON RECEIPT OF THE SIGNATURES, THE CITY OF FALLON CITY CLERKS OFFICE LOCATED AT 55 W. WILLIAMS AVENUE, MAY ISSUE YOUR BUSINESS LICENSE:

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

APPLICANTS NAME: _____

(24 HOUR NOTICE REQUIRED)

*CITY OF FALLON BUILDING DEPARTMENT (DAVE MUNOZ) 775-423-5107
55 WEST WILLIAMS AVE. 775-217-5967
FALLON, NEVADA 89406

COMMENTS: _____

BY: _____

DATE: _____

*CONSUMER HEALTH DIVISION (KATHERINE DOTY) 775-423-2281
485 WEST B STREET STE # 103 (LINDSEY DOOLITTLE)
FALLON, NEVADA, 89406

*****IF IT IS CONSUMABLE, THIS MUST BE SIGNED! *****

COMMENTS: _____

BY: _____

DATE: _____

*CITY OF FALLON / CHURCHILL COUNTY FIRE DEPARTMENT (MITCH YOUNG)
20 NORTH CARSON STREET 775-423-0665
FALLON, NEVADA 89406 775-427-7911

COMMENTS: _____

BY: _____

DATE: _____