

City of Fernley

Business License Application

City Clerk's Office
595 Silver Lace Blvd. Fernley, NV 89408
775-784-9830

- New License
 Update Existing
 Privileged Licensed Required

Applicant Information			
Business Name:			
Business Owner(s):		DBA:	
Physical address:			
City:	State:	Zip Code:	Email:
Type of Organization (select one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership			
Mailing address (if different than physical):			
City:	State:	ZIP Code:	Phone #
NV Contractor #	Nevada Business ID #		Fax #
Retail Sales Permit #	Liquor License #		# of Employees:
Business Activities			
Description of business activities:			
Child Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care State License* # <small>*if caring for more than 4 children</small>	
Business Category: <input type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial <input type="checkbox"/> Out of Town (not in Fernley) <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Hobby/Crafter			
Gross Receipts Declaration (if applicable)			
Name of a person certifying gross receipts declaration:			
Title:		Contact Phone #:	
Gross Receipts Declaration (if applicable): \$		Dates included: to	
Certification:			
<p>I, the undersigned have answered all questions in the above application and to the best of my knowledge all answers are true and correct. I understand that disclosure of any false or misleading information or any incomplete answers in the above could result in the automatic denial, or revocation (if the license has already been issued). In addition, I understand and acknowledge the following:</p> <ol style="list-style-type: none">1. I cannot commence operation until the required inspections have been obtained from North Lyon County Fire Department; Nevada State Health Department; City of Fernley Planning, Building and Public Works Departments.2. I cannot commence operation until the licensing department has approved this application.3. I must notify the licensing department, in writing, of any changes including business ownership, key employees, name, address, telephone number changes, etc.4. I may not operate the business for which this application is made at any address other than the one listed on this application.5. I am responsible for maintaining current and active licenses applicable to the operation of the business, including the payment of fees in accordance with the licensing category.6. I am not required to be notified by the licensing department when license fees are due and payable and failure by the department to provide such notice does not constitute a waiver of the payment of license or delinquency fees.7. Should this application be granted, I accept the same subject terms and provisions thereof and further acknowledge that I am subject to all current provisions of Fernley Municipal Code and Fernley Development Code, as well as such rules and regulations as may at any time be adopted or enacted by the Fernley City Council and specifically agree to observe and keep all of the provisions of such ordinances.			
Signature of Applicant:			Date:

All new business license applications will be assessed a one-time \$25 processing fee in addition to \$75 annual license fee.

Send all payments to:

City Clerk's Office
595 Silver Lace Blvd
Fernley, NV 89408

You may also renew your City of Fernley business license online via the State of Nevada Silver Flume Business Portal: <https://nvsilverflume.gov/home>

Questions? Call us at (775) 784-9830 or email at cityclerk@cityoffernley.org, fax (775) 784-9839

OFFICIAL USE ONLY			
Account #:	BL #:	Date of Application:	
Payment Type:	Amount Paid:	Employee:	
Date Approved:	License Restrictions:		

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.
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Applicant's Residence Address	City	State	Zip Code
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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.

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

Lyon County Clerk Treasurer, 27 South Main Street
Yerington, NV 89447 (775) 463-6501 or (775) 246-6146

**** (This Form MUST be Notarized) ****

The Undersigned do hereby certify that _____ is/are
(name of person, partners or corporate name)
conducting a _____ business at
(nature of business)
_____ Nevada, under the fictitious firm name
(physical business location)
of _____ and that said firm is composed of the
(business name)
following person(s) whose name(s) and address(s) as follows, to wit:

1) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X

(Signature of: owner, partner or authorized officer)

2) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X

(Signature of: owner, partner or authorized officer)

3) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X

(Signature of: owner, partner or authorized officer)

4) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X

(Signature of: owner, partner or authorized officer)

WITNESS this hand on the _____ day of _____, _____.

STATE OF _____ }
 } ss.
COUNTY OF _____ }

ON this ____ day of _____ A.D., _____, before me, _____ a Notary Public in and for the said county and State, residing therein, duly commissioned and sworn, personally appeared: _____ known to me to be the person(s) whose name subscribed to the within instrument and acknowledged to me that he (she) (they) has (have) executed the same freely and voluntarily and for the uses and purposes therein mentioned. In Witness whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public in and for said County and State

(Notary Stamp)

\$20.00 filing fee

Return Original

CHILD SUPPORT INFORMATION FORM

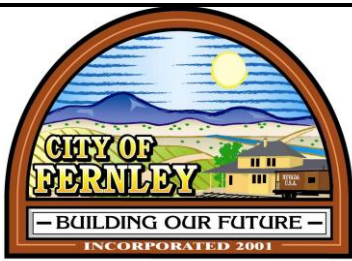
Pursuant to NRS 425.520 & NRS 266.358, the statement below must have the appropriate box checked and the bottom filled out and signed or the issuance or renewal of the business license will be denied. **This does not apply to: Corporations, S-Corporations, or Limited Liability Companies.**

1. I am **not** subject to a court order for the support of a child.
2. I **am** subject to court order for the support of one or more children and I am 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 court order for the support of one or more children and I am **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.

Applicant's Name (Printed): _____

Signature of Applicant

Date



City of Fernley

Clerk's Office

Business Licenses
Council Agendas
Court Administration
Elections
Minutes
Passports
Records

Development Code Chapter 28

Home Occupation

- 1) Applicability
This section applies to any Home Occupation.
- 2) Standards
 - a. The home occupation shall be operated entirely within a dwelling unit by a person or persons residing in the dwelling unit as a clearly secondary and incidental use of the dwelling for residential purposes. The home occupation must not change the residential character of the dwelling unit.
 - b. The home occupation may include storage for stock-in-trade, supplies, equipment, or goods and must be confined to the dwelling unit, accessory structures, or be stored behind a solid fence to conceal these items from any public street.
 - c. Not more than one (1) commercial vehicle or trailer, which has an unladen vehicle weight of ten thousand pounds or greater or is more than twenty-five feet in length shall be kept at the residence, except on parcels greater than two (2) acres in size.
 - d. Up to 5 client visits or service deliveries to the home occupation are allowed per day.
 - e. There shall be no indication of the home occupation on the exterior of the premises.
 - i. Unless required by federal regulation. Demonstration of this requirement is necessary for the City to permit indication on the exterior of the home occupation.
 - f. There shall be no manufacturing, processing, or similar activity on the premises which generates noise, odor, dust, vibration, fumes, smoke, electrical interference or other interference with adjacent properties.
 - g. The home occupation shall not be operated without the written consent of the owner of the real property. An affidavit signed by the property owner shall be submitted as part of the Business License application.
 - h. In Non-rural residential zoning districts, no employees of the business shall be allowed to report for duty either at or near the residence. In Rural residential zoning districts, no employees of the business shall be allowed to report for duty either at or near the residence, except in the RR-2, RR-3, RR-4, and RR-5 zoning districts where not more than three non-occupants may be allowed to report for duty at the residence.
- 3) Business License Required. A person desiring to conduct a home occupation shall complete an application for a Business License under Title 3 of this code.
- 4) The applicant shall apply for a Special Use Permit if the information contained on the completed permit application indicates that one or more of the conditions contained in subsection 2 of this section may be violated.

I, _____ acknowledge receipt of the above stated City of Fernley Development Code pertaining to Home-based businesses and agree to adhere to the regulations.

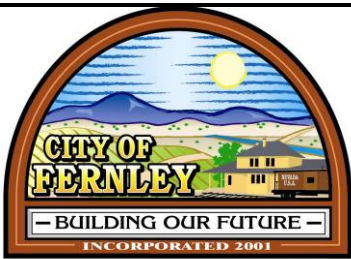
Business Owner/Applicant

Date

595 Silver Lace Blvd.
Fernley NV 89408

cityoffernley.org

Telephone: (775) 784-9830
Fax: (775) 784-9839



City of Fernley

Clerk's Office

Business Licenses
Council Agendas
Court Administration
Elections
Minutes
Passports
Records

Landlord Permission Form

Business name: _____

Business Owner: _____ Phone # _____

Business Location: _____

Landlord Name _____ Phone # _____

Owner Property Manager

Landlord Address _____

City of Fernley Business License # _____

State of Nevada Business License # _____

I, _____ acknowledge that I have been notified by
_____ (tenant) of his/her intent to operate a business from
the above location.

Landlord

Date

Copy of rental or lease agreement attached