



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 checked="" 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:				
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:				
<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 \$150 annual license fee.

The step-by-step process for obtaining a business license with the City of Fernley is outlined in our “Business License Guide”, available on the website www.cityoffernley.org or from the City Clerk’s office.

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.

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