Carson City Business License Division
108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2105 – Hearing Impaired: 711
buslic@carson.org | carson.org/businesslicense

Business License Information Page

A business license is required in Carson City if:

- The business is located within Carson City, Nevada.
- Any business activity will be physically conducted within Carson City.

Prior to applying for a business license, applicants must first obtain a State Business License:

- State Business Registration Office of the Secretary of State
  202 N. Carson St., Carson City, NV 89701
  (775) 684-5708 www.nvsos.gov

The following attached forms need to be completed to submit your application:

- D-25 Form (Industrial Insurance Compliance/Workers Comp)
  Required form for all business license submissions

- Carson City Sheriff's Responsible Party Information
  Required form for Carson City Commercial Locations

- Fictitious Firm Name *(If applicable)*
  Required form for every person doing business under an assumed or fictitious name that is different from the legal name of each person who owns an interest in the business.

- Carson City Provisions Regulating Home Occupations
  Required form for Carson City Home Based Business

- Business Information Form for the Assessor's Office
  Required form for a Carson City Location

- Provide a Copy of State of Nevada Specialty License *(If applicable)*
  Required form for businesses that require state licensing board approvals
  examples: Real Estate License, Contractor's License, Cosmetology License...etc.

- Fee Information can be found at CCMC 4.04.020.

The approval process takes approximately 14-21 business days assuming all the information necessary for processing is provided to our office by the applicant at time of submittal. If additional inspections are required for your business, the process may be longer.

CARSON CITY LICENSE APPLICATION

Incomplete or illegible applications will not be accepted.
Applications must bear an original signature

Submittal Date:

❑ **New Business** ❑ **Change of Physical Location** ❑ **Other** _____

Type of Entity: ❑ **Sole Proprietor** ❑ **Corporation** ❑ **Partnership** ❑ **Limited Liability Company** ❑ **Non-Profit**

Required: NV State Buiness License Number	Specialty License Number	Business Opening Date in Carson City

Entity Name	
Business Name (DBA)	
Business Address	**City, State, Zip**
Mailing Address	**City, State, Zip**

Email Address	Mobile Phone	Business Phone

Owner(s), Manager(s), or other Principal(s) attach additional pages if required

First, Middle, Last		
Residence Address (Street)	**City, State, Zip**	**Residence Telephone**

First, Middle, Last		
Residence Address (Street)	**City, State, Zip**	**Residence Telephone**

Describe in detail the activity of your business:

If this application is for a change to your business, please note the information below.

OFFICE USE ONLY ☐

MISC

Miscellaneous Information

Commercial Location Square Footage:		Number of Full-Time Equivalent Employees/Owners:	

Attach a list of the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business

HEALTH DEPT

Health Department

Do you provide or manufacture food, beverages, or supplements for eating or drinking to the public?

Do you provide seating for customers? How many people can be seated?

Do you provide tattooing, permanent make up, microblading or piercing within your establishment?

Do you provide swimming pools, hot tubs, hot springs, childcare or lodging at your establishment?

Does your establishment utilize a septic system or well?

LIQUOR & GAMING

Please complete the following if applying for a Liquor or Gaming License

Liquor Manager - First, MI, Last			Email Address		
Residence Address (Street)			City, State, Zip		Contact Number
❑ Tavern/Bar	❑ Dining Room w/Beer and Wine Only	❑ Packaged Liquor	❑ Dining Room w/Hard Liquor	❑ Combo (On-Premise & Pkg)	❑ General Wholesale
❑ Catering	❑ Additional Wet Bars _____		Will there be an Interim Management Agreement?		
List number of slot machines (If applicable)			List number of table games (If applicable)		
❑ 1 cent _____ ❑ 5 cent _____ ❑ 25 cent _____ ❑ 1.00 _____	❑ Multi _____ ❑ Poker _____ ❑ Mega Buck _____		❑ Craps _____ ❑ Roulette _____ ❑ Twenty-One _____ ❑ Keno _____	❑ Baccarat _____ ❑ Race Book _____ ❑ Sports Book _____ ❑ Poker _____	

I, the undersigned understands that I cannot operate my business until my license is issued by Carson City indicating approval by all necessary city departments

- If any changes are made after completing said license application the business license division must be notified immediately and an updated application is required.
- A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location.
- Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in penalties and is grounds for the revocation of the license.
- Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation.

I hereby certify that the above information is correct to the best of my knowledge and belief.
I understand that failure to complete this form truthfully is an act of perjury.

Applicant's Signature _____ Date _____

Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby certify that _____

(Name of individual, corporation, partnership, or trust)

located at_____ is conducting business in Carson City,

(Street Address of Business or Residence)

Nevada, under the fictitious name of _____

(Fictitious Firm Name)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:
By signing below, I do solemnly affirm, under penalty of perjury, that all statements made in this document are true.

1. _____ _____
Full Name and Title Signature Date

_____
Street Address City, State, Zip

_____
Mailing Address, if different from above City, State, Zip

2. _____ _____
Full Name and Title Signature Date

_____
Street Address City, State, Zip

_____
Mailing Address, if different from above City, State, Zip

3. _____ _____
Full Name and Title Signature Date

_____
Street Address City, State, Zip

_____
Mailing Address, if different from above City, State, Zip

RECEIVED AND FILED

_____
Date

_____
Deputy County Clerk

Please provide the following details where verification of filing should be sent:

_____ _____
Email Address Phone Number

_____
Mailing Address

Return to Carson City Business License, 108 E. Proctor St., Carson City, NV 89701 with $25 filing fee

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Pursuant NRS 244.33505 and NRS 268.0955)

Business Name (Include any name doing business as)		**Type of Business**	**Business Telephone Number**
Business Address	**City**	**State**	**Zip Code**
Federal Identification Number		**Contractor's Board License Number**	
Name of Principal Owner (Please Print)		**Principal Owner's Telephone Number**	
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

☐ 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

I declare that I have 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 Number

_____ _____ _____ _____
Applicant's Residence Address City State Zip Code

1. If executed in Nevada: Pursuant to Nevada Revised Statutes (NRS) 53.045, I declare under penalty of perjury that the foregoing is true and correct.

   Executed on _____ _____
   (date) (signature)

2. Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the forgoing is true and correct.

   Executed on _____ _____
   (date) (signature)

Form instruction and general information:

1. The top section will be completed with information about the business and ownership.
2. The middle section consists of three boxes. Only one box must be checked. Check the first box, if the business has obtained workers' compensation insurance. Please provide the insurance policy effective date and policy number where indicated. Check the second box, if the business meets one of the statutory exemptions or the business has no employees nor hires any contractors/sub-contractors. Check the third box, if the business is self-insured with a valid certificate of insurance. Please provide the self-insured policy effective date and certificate number where indicated.
3. The next to bottom section please check the appropriate box indicating the license application type. Provide applicant information as indicated.
4. The bottom section contains two signature lines. Only one applicant signature and date will be provided. If the form is executed in Nevada, applicant will sign and date the first line. If the form is executed outside of Nevada, applicant will sign and date the second line.

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.

FOR ASSESSOR OFFICE USE ONLY

ACCOUNT NUMBER: _____FISCAL YEAR: _____TAX DISTRICT: _____

BUSINESS LICENCE ISSUE DATE: _____

BUSINESS TYPE: _____NAICS CODE: _____

BUSINESS INFORMATION FORM

(PRINT CLEARLY)

□ New Business □ Change of Location/Mailing □ Name Change □ Purchase Business

TYPE OF ENTITY: □ Sole Proprietor □ Corporation □ Partnership □ Limited Liability Comp. □ Non-profit

BUSINESS OWNER NAME: _____

BUSINESS NAME (DBA): _____**BUSINESS PHONE:** _____

NAICS CODE: _____ **SITE LOCATION:** _____

MAILING ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

DATE OPENED OR ANTICIPATED OPENING:_____

CONTACT PERSON: _____**Title:** _____

EMAIL ADDRESS: _____**PHONE (if different than above):**_____

WAS THIS A CHANGE TO AN EXISTING BUSINESS? YES _____**NO** _____

If yes, please indicate previous name of business:_____

previous location, if applicable _____

ARE THERE ADDITIONAL LOCATIONS FOR THIS BUSINESS? YES _____**NO** _____

If yes, please list locations: _____

_____

DID YOU PURCHASE THE BUSINESS? YES _____ **NO** _____

ALL PERSONAL PROPERTY TAXES PAID IN FULL? YES _____ **NO** _____

WAS THE EQUIPMENT INCLUDED IN THE PURCHASE PRICE OF THE BUSINESS? YES____ **NO** ____

If yes, price of the equipment: _____**or estimated value of equipment:** _____

SIGNATURE:_____**DATE:** _____

TITLE:_____

IMPORTANT REMINDER

In July of each year, the Carson City Assessor's Office will be sending you a "Personal Property Declaration Commercial Equipment Statement" that will need to be completed and filed with the Assessor's Office by July 31st.

As required by Nevada Revised Statutes 361.185 and 361.265, all commercial equipment owned, claimed, possessed, controlled or managed by you at your business location as of July 1st will need to be reported (description of equipment, year acquired, acquisition cost minus sales tax).

For information related to business personal property, please visit our website at:
www.carson.org

Click on:

- "Government"
- "Assessor"
- "General Information & Services" (other useful information on this page)
- "Business Personal Property"

Please view the PowerPoint on this page for helpful information about personal property: https://www.carson.org/PPD

Personal Property tax bills will be mailed in December per NRS 361 and will be due in thirty days.

If you have any questions regarding the assessment, please contact our office at:

Carson City Assessor's Office
201 N. Carson St. Ste. 6., Carson City, NV 89701
775-887-2130
assessor@carson.org

SIGNATURE: _____ **DATE:** _____

TITLE: _____

CARSON CITY PROVISIONS REGULATING HOME OCCUPATION
(FOR ADDRESSES LOCATED IN RESIDENTIAL ZONES)

The Home Occupation Provision is included in recognition of the needs of many people who are engaged in small business ventures which could not be sustained if it were necessary to lease commercial quarters for them, or which in the nature of the home occupation could not be expanded to full scale enterprise. It is the intent of the ordinance that full scale commercial or professional operations which would ordinarily be conducted in a commercial or industrial district continue to be conducted in such districts and not in residential districts.

In granting a business license, it is necessary to verify that the subject property will be used in conformance with the City's Zoning Ordinance. Please read the following information and complete the form as indicated. If you have any questions or require further information, call **(775) 887-2180** or stop by the Planning and Community Development Department at **108 E. Proctor St.**

Once this statement is signed, it will be come a part of your business license record with the City.

18.03.010 Home Occupation means a use customarily carried on by a dwelling occupant and incidental to the primary residential use, providing such residential character of the property is not changed and is operated in compliance with 18.05 (Home Occupation).

18.05.045 Home Occupation: Uses which shall not be permitted as home occupations include barber and beauty shops, food processing or packaging, real estate and law offices, restaurants, cabinet shops, adult entertainment businesses, kennels (except for certified training of three or fewer service animals), vehicle repair or similar uses.

ALL HOME OCCUPATIONS SHALL BE SUBJECT TO AND MUST COMPLY WITH SECTION 18.03.010 AND ALL THE FOLLOWING PROVISIONS OF THIS SECTION:

1. **Business license requirements.** All home occupations must obtain a Carson City business license and meet the requirements of this Section.

2. **Sale of merchandise.** Sale of goods, samples, materials, equipment or other objects on the premises is not permitted. Home occupations shall not conduct business in person with clients at the home address, with the exception of federally licensed gun dealers, required by federal regulations to conduct firearm sales at their home location.

3. **Size limits.** No more than 20% of the total ground floor area of the dwelling and accessory structure may be used for home occupation.

4. **Employees.** No on-site office staff or business personnel shall be permitted in any home occupation unless the employees are members of the resident family and reside on the premises.

5. **Character.** The characteristics of the structure shall not be altered, nor shall the occupation within the dwellings be conducted in a manner which would cause the premises to differ from its residential character either by the use of colors, materials, construction, lighting or by signs, or the emission of sounds, noises, dust, odors, fumes, smoke, electrical disturbance or vibrations, or disturbs the peace and general welfare of the area.

6. **Traffic.** Pedestrian and vehicular traffic shall be limited to that normally associated with residential districts. Deliveries from commercial suppliers may not be made more than once each week and the deliveries shall not restrict traffic circulation.

7. **Storage.** There shall be no outdoor storage of materials or equipment; no storage of toxic or hazardous materials, including ammunition and gunpowder; nor shall merchandise be visible from outside the dwelling.

8. **Location.** The home occupation shall be confined within the main building and/or accessory structure as a secondary use of the residential use. When conducted in a garage, the home occupation shall not permanently eliminate the use of the garage as a parking space for a car, nor shall the bay door be open while the home occupation is conducted within the garage.

9. **Use of facilities and utilities.** The use of utilities and community facilities shall be limited to that normally associated with the use of the property for residential purposes.

10. **Advertising.** There must not be any public advertising which calls attention to the fact that the dwelling is being used for business purposes. Telephone listings, business cards, or any other advertising of the business, shall not include the dwelling address. The name, telephone, and purpose of the home occupation may be advertised on not more than one vehicle which is operated by the resident or residents of the dwelling in conjunction with the business. The home address may appear on letterhead and invoices when the home address is also the business address.

11. **Electromagnetic interference.** Electrical or mechanical equipment which creates video or audio interference in customary residential electrical appliances or causes fluctuations in line voltage outside the dwelling unit is prohibited.

12. **Fire safety.** Activities conducted and equipment or material used or stored shall not adversely change the fire safety of the premises.

13. **Parking.** No parking or placement of commercial vehicles such as trucks, trailers, equipment or materials except one panel van or pickup truck, when used for personal transportation.

I _____will be conducting business as _____
at my home address located at _____, I have read the above information and if granted a home occupation business license, I agree to comply with these regulations as set forth above.

Name of Applicant _____Date _____

CARSON CITY SHERIFF'S OFFICE
RESPONSIBLE PARTY INFORMATION

Kenneth Furlong
Sheriff

DATE

BUSINESS NAME	
BUSINESS ADDRESS	
BUSINESS PHONE	
BUSINESS MANAGER	
AFTER HOURS CONTACTS	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
ALARM COMPANY	
NAME:	PHONE:
ADDRESS:	PHONE:

Manager's Name

Date