

BUSINESS LICENSE APPLICATION

CITY OF WINNEMUCCA

90 W. Fourth Street, Winnemucca, Nevada 89445

Phone (775) 623-6338 / Fax (775) 623-6090

The Winnemucca Municipal Code Chapter 5.04.030 provides that any firm or person doing business in the City must obtain a City Business License. This application is made subject to the provisions governing the issuance of business licenses. Please complete the application and return it to the City Clerk's Office at the address listed above.

Date of Application: _____

Name of Business: _____

DBA: _____

Type of Business: _____

Principal Owner(s): _____

Local Manager: _____

Business Address: _____ Business Phone #: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Address: _____ Home Phone #: _____

City, State, Zip Code: _____

Business Email: _____ Owner Email: _____

Estimated Annual Gross Receipts: _____ *(This figure may be needed to compute the license fee.)-REQUIRED*

Nevada Sales Tax #: _____ *(Dept. of Taxation forms are included in this packet)- REQUIRED*
NV. DEPT. OF TAXATION (CONTACT THIS OFFICE AT 1-866-962-3707 FOR A CLEARANCE (Online services at: www.tax.nv.gov)

Nevada Business ID#: _____ *(Secretary of State forms are included in the packet)- REQUIRED*

Nevada Contractor's # (If Applicable): _____

Please fill in the following only where applicable:

(For Motels/Hotels) - # of Units/Rooms: _____

(For Trucking) - # of Vehicles: _____

(For Gaming) - # Slots/Amusement _____

(For Barbers/Salons) - # of Operators _____

(For Gaming) - # Table Games _____

Signature of Responsible Party

Title

Date

BUILDING SURVEY - All Signatures of inspecting departments must be obtained before your license can be issued. Approval is required by the departments checked below:

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Planning/Zoning 775-623-6392 | Approved _____ Disapproved _____ By _____ Date _____ Property Zoned _____ Special Requirements _____ |
| <input type="checkbox"/> | Building/Safety 775-623-6319 | Approved _____ Disapproved _____ By _____ Date _____ Special Requirements _____ |
| <input type="checkbox"/> | Fire Protection 775-623-6319 | Approved _____ Disapproved _____ By _____ Date _____ Special Requirements _____ |
| <input type="checkbox"/> | Health Department 775-623-6588 | Approved _____ Disapproved _____ By _____ Date _____ Special Requirements _____ |
| <input type="checkbox"/> | Police Department | _____ Date _____ |
| <input type="checkbox"/> | City Clerk | _____ Date _____ |
| <input type="checkbox"/> | WMCA Convention & Visitors Authority (Hotels, Motels, RV Parks, Rooming Houses, etc.) | _____ Date _____ |
| <input type="checkbox"/> | ASSESSOR 775-623-6310 | _____ Date _____ |

Remarks: (Use the back of form if needed.) _____

For Office Use Only

Fee: Annual _____ Quarterly - 4 @ _____ Pro-Rated _____

Code _____ Account # _____