

**BUSINESS LICENSE APPLICATION
CITY OF WINNEMUCCA**

90 W. Fourth Street, Winnemucca, Nevada 89445
Phone (775) 623-6339 / 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: _____

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

Nevada Sales Tax #: _____ *(Dept. of Taxation forms are included in this packet.)*

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

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	Approved _____ Disapproved _____ By _____ Date _____
		Property Zoned _____ Special Requirements _____
<input type="checkbox"/>	Building/Safety	Approved _____ Disapproved _____ By _____ Date _____
		Special Requirements _____
<input type="checkbox"/>	Fire Protection	Approved _____ Disapproved _____ By _____ Date _____
		Special Requirements _____
<input type="checkbox"/>	Health Department	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 <small>(Hotels, Motels, RV Parks, Rooming Houses, etc.)</small>	_____ Date _____

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

For Office Use Only

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

Code _____ Account # _____