

Humboldt County Clerk: Business License Department
50 W. 5th St. RM 207
Winnemucca, Nevada 89445

REQUIREMENTS: HUMBOLDT COUNTY BUSINESS LICENSE

1. **STATE OF NEVADA BUSINESS LICENSE**: You are required to register your business and obtain a State of Nevada business license from the Nevada Secretary of State's Office in order to conduct business in Humboldt County. Please visit nvsilverflume.gov, to obtain this license.
2. **SPECIAL LICENSES & PERMITS**: You will want to contact if applicable: Health Inspector: 775-623-6588, Liquor and/or Gaming Licenses – Sheriff's Office: 775-623-6419, Motel/Hotel/RV businesses - Must contact the Winnemucca Convention Center & Visitor's Authority for information on the collection of room taxes at (775) 623-5071, or any other special permits you will need to conduct business.
3. **BUILDING & SAFETY DEPARTMENT**: You must obtain a clearance from this department in order to do business in Humboldt County, contact 775-623-6322. **All out of county/state businesses must also obtain this clearance.**
4. **PLANNING & ZONING DEPARTMENT**: You must obtain a clearance from this department in order to conduct business in Humboldt County. Home/resident based businesses must contact the planning department at 775-623-6392 to obtain a permit. **All out of county/state businesses must also obtain this clearance.**
5. **DEPARTMENT OF TAXATION**: You must be compliant with the Department of Taxation. This may be accomplished through: nvsilverflume.gov or by contacting the Department of Taxation directly at tax.nv.gov or 775-687-9999. Request that a compliance letter be provided to Humboldt County confirming your clearance by this department (if not using the SilverFlume). **All out of county/state businesses must also obtain this clearance.**
6. **HUMBOLDT COUNTY BUSINESS LICENSE**: You must fill out the top of the application. Date, sign, and return it to the Humboldt County Clerk's Office at the above address, **with all CLEARANCES COMPLETED**, your application will not be accepted without proper clearances. **This is required of all applicants.**
7. **FICTITIOUS FIRM NAME CERTIFICATE**: A Certificate of Business must be filed reflecting your business name, if you are using any other name for your business other than your full legal name. This step does not apply to businesses that are incorporated. The ORIGINAL must be filed with the Humboldt County Clerk's Office. The filing fee is \$20.00, and you must renew every five years. *Please include any copies that you will want or the fee will be \$0.25 per page.
8. **INDUSTRIAL INSURANCE**: Nevada Revised Statute 616A to D requires that this form be completed and submitted to the Humboldt County Clerk's Office. Our office will also accept a copy of proof of insurance (can be completed online via nvsilverflume.gov).
9. **BUSINESS INFORMATION FORM**: The business information form must be completed and returned to the Humboldt County Clerk's Office at the above address. Please send original.
10. **HUMBOLDT COUNTY ASSESSOR**- You must obtain a clearance from this department in order to conduct business in Humboldt county .Should you have any questions regarding their form, please contact Colleen Cox with the Assessor's Office at 1-775-623-6310.

If you have any questions regarding any of the these requirements please contact Jessica Koepke, Deputy Clerk, at the Humboldt County Clerk's Office by phone at 775-623-6345 or email at Jessica.Koepke@humboldtcountynv.gov.

APPLICATION FOR HUMBOLDT COUNTY, NEVADA BUSINESS LICENSE

Humboldt County Code, Chapter 5.04 provides that any firm or individual conducting or transacting business in Humboldt County must obtain a county business license. This ordinance applies to businesses situated outside the City of Winnemucca and to businesses headquartered in the City of Winnemucca conducting business outside the city limits of Winnemucca in the county. Applicants for General Home, Liquor and/or Gaming licenses must have the approval of the indicated department PRIOR TO this application being submitted to the Humboldt County Business License Department.

LATE PAYMENT PENALTY IS 25% OF THE DELINQUENT AMOUNT PER MONTH OVERDUE.

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS TYPE: _____ HOME PHONE: _____

BUSINESS LOCATION: _____ ALTERNATIVE CONTACT: _____

BUSINESS ADDRESS: _____ CITY, STATE, ZIP: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

(IF DIFFERENT FROM ABOVE)

EMAIL ADDRESS: _____ FED. TAX ID#: _____

NV CONTRACTOR LIC.#: _____ NV SALES TAX #: _____

NV BUS. LIC. TAX#: _____ NV WKMAN'S COMP. #: _____

FEE SCHEDULE (PLEASE MAKE CHECK PAYABLE TO: HUMBOLDT COUNTY BUSINESS LICENSE)

IF ANNUAL GROSS RECEIPTS ARE:

ANNUAL LICENSE FEE SHALL BE:

NOT OVER \$25,000	\$25.00
OVER \$25,000 BUT LESS THAN \$50,000	\$50.00
OVER \$50,000 BUT LESS THAN \$250,000	\$100.00
OVER \$250.00 BUT LESS THAN \$500,000	\$150.00
OVER \$500,000	\$250.00
WHOLESALE DELIVERY BUSINESS LICENSE	\$100.00

APPROVAL REQUIRED BY DEPARTMENTS AS INDICATED BELOW:

(SIGNATURES OF INSPECTING DEPARTMENTS MUST BE OBTAINED BEFORE LICENSE IS ISSUED)

1ST PLANNING & ZONING: _____ APPROVED BY: _____ DATE: _____
PROPERTY ZONED: _____ ASSESSORS' PARCEL # _____
SPECIAL REQUIREMENTS: _____
DISAPPROVED BY: _____ REASON: _____
COMMENTS: _____

2ND BUILDING & SAFETY: _____ APPROVED BY: _____ DATE: _____
SPECIAL REQUIREMENTS: _____
DISAPPROVED BY: _____ REASON: _____
COMMENTS: _____

3RD HEALTH DEPARTMENT: _____ APPROVED BY: _____ DATE: _____
SPECIAL REQUIREMENTS: _____
DISAPPROVED BY: _____ REASON: _____
COMMENTS: _____

4TH ASSESSOR: _____ APPROVED BY: _____ DATE: _____

5TH NV. DEPT. OF TAXATION (CONTACT THIS OFFICE AT 1-866-962-3707 FOR A CLEARANCE
(Online services at: www.tax.nv.gov)

6TH SilverFlume Nevada's Business Portal for business registration at www.nvsilverflume.gov

THE UNDERSIGNED APPLICANT HEREBY REQUESTS THE ABOVE INDICATED DEPARTMENTS TO MAKE THE NECESSARY INSPECTIONS AS REQUIRED AND AGREES TO MAKE ANY REQUIRED CHANGE.

SIGNED: _____ PRINT NAME: _____

SIGNED: _____ PRINT NAME: _____

DATE OF APPLICATION: _____

RETURN COMPLETED APPLICATION & FEES TO:

HUMBOLDT COUNTY BUSINESS LICENSE DEPT.

50 W. 5TH ST, ROOM 207

WINNEMUCCA, NV 89445-3199

FOR OFFICE USE ONLY:

BUSINESS LIC#: _____

POSTED DATED: _____

SilverFlume FAQ

What is the State Business License and who is required to file?

State law requires that every person or entity doing business in the State of Nevada obtain a State Business License or State Business License Exemption annually. A business that meets the criteria shall not do business in the state of Nevada without the State Business License. Certain businesses may be exempt from the State Business License requirement. All entities whether they receive a State Business License, Exception or Exemption are assigned a Nevada Business Identification Number. This number is important for being able to register with State and local agencies in Nevada. Note: SilverFlume Nevada's Business Portal guides the customer through the registration steps, including registering at the Nevada Department of Taxation and other agencies. Excepted and Exempt businesses are required to address all steps in the registration checklist regardless of the Secretary of State's exception or exemption. To access the SilverFlume website go to www.nvsilverflume.gov

On July 22, 2003, new legislation went into effect that requires all holders of a State Business License and entities defined under NRS 360.765 to apply and to renew their business license on an annual basis. Starting July 1, 2009, the State Business License and annual renewal fee increased from \$100 to \$200. Taxpayers who currently have a State Business License shall pay the renewal fee based on their anniversary date. Entities no longer in business in this state must contact the Secretary of State. A person who fails to submit the annual fee required by the due date shall pay a penalty in the amount of \$100 in addition to the annual fee. This penalty went into effect January 1, 2006. Effective October 1, 2009, the State Business License Fee is administered and collected by the Secretary of State's office. For additional information regarding this change please visit the Nevada Secretary of State's office website at <http://nvsos.gov/sos/licensing/state-business-license>.

BUSINESS INFORMATION

The following information is needed in case of an emergency. Responsible party needs to have a key to the business and be able to reset an alarm system (if one exists). The Humboldt County Sheriff's Office Communications Center requests that you update responsible party information WHENEVER THERE IS A CHANGE. You may do this by phone at 623-6429 day or night.

NAME OF BUSINESS: _____

BUSINESS PHONE: _____

TYPE OF BUSINESS: _____

PHYSICAL ADDRESS OF BUSINESS IN HUMBOLDT COUNTY (If no physical location, write "Mobile" in this section): _____

People to call after hours/weekends in case of emergency:

(LOCAL NUMBER IF POSSIBLE)

1st person to call: _____ Phone #: _____
Address: _____ Cell #: _____

2nd person to call: _____ Phone #: _____
Address: _____ Cell #: _____

3rd person to call: _____ Phone #: _____
Address: _____ Cell #: _____

HAZARDOUS ITEMS ON SITE: Circle all that apply & indicate type, amount & location.

HAZMAT: _____

CHEMICALS: _____

EXPLOSIVES: _____

FIREARMS: _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

ALARM SYSTEM: YES _____ NO _____

IF YES VENDOR NAME: _____ PHONE #: _____



HUMBOLDT COUNTY
Office of the Humboldt County Clerk,
Tami Rae Spero

Certificate Number: _____

Expiration Date: _____

New Application

Certificate of Business: Fictitious Firm Name
Individual, Sole Proprietor, Corporation, LLC, Partnership, Non-Profit or Trust

Please print or type

The undersigned does hereby certify that _____, a
 (an) Individual / Sole Proprietor / Corporation / LLC / LLP / Partnership / Non-Profit/Trust (Circle one)

(Legal entities must state name exactly as it is registered with the Nevada Secretary of State) Date established in Humboldt County: _____

Conducting a _____
 (Type of business)

Business location _____
 (Physical address)

with a mailing address of _____

Under the fictitious name of _____
 (Name of business)

With a telephone number of _____ and that said firm is composed of the following person(s) whose name(s), addresses, and phone numbers or legal entity on file with the Nevada Secretary of State with the signing officer's name and title, are as follows, to-wit:

By signing below I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

(1) _____
 Name and Title Signature Date

Street Address of Business or Residence City, State, Zip

(2) _____
 Name and Title Signature Date

Street Address of Business or Residence City, State, Zip

For additional owners, please use additional pages

STATE OF _____

COUNTY OF _____

} SS:

This instrument was acknowledged before me on _____
 (Date)

by _____
 (Name(s) of individuals whose signatures are being notarized)

 Signature of Notary Public/Deputy Clerk

Mail to: Tami Rae Spero, Humboldt County Clerk, Attn. FFN
50 W. 5th Street, Winnemucca, Nevada 89445

Include: Filing fee of \$20.00 payable to Humboldt County Clerk, completed certificate, & additional copies to return, with a return envelope. (If copies are not included the cost will be \$0.25 per page)

**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.
Applicant's Residence Address	City State Zip Code

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.