

## CITY OF WINNEMUCCA AND HUMBOLDT COUNTY

### - Important Items/Contacts to Consider when Opening a Business –

#### LICENSES

- City Business License @ City Clerk's Office - 775-623-6338
- County Business License @ Regional Planning Department - 775-623-6392  
business.license@humboldtcountynv.gov

#### ➤ SPECIAL LICENSES & PERMITS

Liquor, food, motel and other licenses must have clearance from the Health Department (775-432-4237). Liquor and gaming licenses must be signed by the Police Department and all privilege licenses (liquor and brothel) must go to the City Manager for review and approval.

#### ➤ PLANNING/ZONING - Regional Planning Department (775-623-6392) - REQUIRED

A determination must be made as to whether a specific type of business can be conducted at the location you are considering. A home-based business must get a **Special/Conditional Use Permit** if the home is located in a residentially zoned district. It would be advisable to begin the licensing process by checking with the Planning Department first.

#### ➤ ASSESSOR'S OFFICE – 775-623-6310 - REQUIRED

The Assessor's office will determine if you must file a tax return for your business. Additional information from the Assessor's Office is contained in this packet.

#### ➤ BUILDING INSPECTOR- City 775-623-6319 County 775-623-6322 REQUIRED

The appropriate building inspector must sign off on all business license applications.  
**Handyman applicants must have an ICC Certification.**

#### ➤ FICTITIOUS FIRM NAME – County Clerk's Office – 775-623-6343

There is a \$20 filing fee to register your business name when the name is other than your own name or a legal corporation name. A Fictitious Firm Name is not required to obtain a City license, but it may be necessary for other business matters.

#### ➤ UNEMPLOYMENT COMPENSATION – Nevada Employment Security – 775-623-6520

It is advisable that you contact this office to determine whether an unemployment compensation identification number will apply to your business.

#### ➤ WORKMAN'S COMPENSATION INSURANCE – REQUIRED

Employers Insurance Company of Nevada in Carson City– (775-684-7270)

This insurance or some form of approved workman's compensation insurance will be necessary if you have employees.

#### ➤ STATE OF NEVADA DEPARTMENT OF TAXATION - REQUIRED

- (866) 962-3707
- Website: [www.tax.nv.us](http://www.tax.nv.us)

The Department of Taxation requires that everyone who applies for a business license must get a clearance from them before a license can be issued by our office. Please call the Department of Taxation and tell them that you are applying for a business license. They will ask you a few questions about your business and will explain what (if any) paperwork you will need to submit to them. Please request the Department of Taxation fax, email, or call in a clearance for your business to the City of Winnemucca City Clerk's office (Phone: 775-623-6338; Fax: 775-623-6090; Email: [rfitzpatrick@winnemuccacity.org](mailto:rfitzpatrick@winnemuccacity.org)) or to the Humboldt County Regional Planning Department (Phone: 775-623-6392; Email: [business.license@humboldtcountynv.gov](mailto:business.license@humboldtcountynv.gov))

#### ➤ SECRETARY OF STATE – REQUIRED

Effective October 1, 2009 all businesses will be required to register for a Nevada State Business License with the Secretary of State. Please call their office at (775) 684-5708 to request forms or you may register online at [www.nvsos.gov](http://www.nvsos.gov). **No licenses will be issued without your Nevada State Business License.**

**HUMBOLDT COUNTY AND/OR**  
**CITY OF WINNEMUCCA BUSINESS LICENSE APPLICATION**

**HUMBOLDT COUNTY**  
**25 W Fourth Street**  
**Phone (775) 623-6392**

**CITY OF WINNEMUCCA**  
**90 W. Fourth Street**  
**Phone (775) 623-6338 / Fax (775) 623-6090**

*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 located at 25 W Fourth Street.*

*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 located at 90 W Fourth Street.*

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 is required to compute the license fee.)-REQUIRED*

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

**Nevada Business ID Number:** \_\_\_\_\_ *(Secretary of State forms are included in the packet)- REQUIRED*

**Federal Identification Number:** \_\_\_\_\_ **REQUIRED**

**Nevada Contractor's Number (If Applicable):** \_\_\_\_\_

Please fill in the following only where applicable:

(For Motels/Hotels) - # of Units/Rooms: _____	(For Gaming) - # of Slots/Amusement: _____
(For Trucking) - # of Vehicles: _____	(For Barber/Salons) - # of Operators: _____

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

Business Name: \_\_\_\_\_

## APPROVAL SIGN OFF SHEET

ALL SIGNATURES OF INSPECTING DEPARTMENTS MUST BE OBTAINED BEFORE YOUR LICENSE CAN BE ISSUED **REGARDLESS OF HAVING A PHYSICAL LOCATION IN CITY OR COUNTY LIMITS.**  
APPROVAL IS REQUIRED BY THE APPLICABLE DEPARTMENTS BELOW:

<input type="checkbox"/>	<b>Planning/Zoning</b> 775-623-6392	Approved ____ Disapproved ____ By _____ Date _____ Property Zoned _____ Special Requirements _____
<input type="checkbox"/>	<b>Building/Safety</b> <b>County</b> 775-623-6322	Approved ____ Disapproved ____ By _____ Date _____ Special Requirements _____
<input type="checkbox"/>	<b>Building/Safety</b> <b>City</b> 775-623-6319	Approved ____ Disapproved ____ By _____ Date _____ Special Requirements _____
<input type="checkbox"/>	<b>Fire Protection</b> 775-623-6319	Approved ____ Disapproved ____ By _____ Date _____ Special Requirements _____
<input type="checkbox"/>	<b>Health Department</b> <i>(only if applicable)</i> 775-432-4237	Approved ____ Disapproved ____ By _____ Date _____ Special Requirements _____
<input type="checkbox"/>	<b>WMCA Convention &amp; Visitors Authority</b> 775-623-5071 (Hotels, Motels, RV Parks, Rooming Houses, Airbnb rentals, etc.) <i>(only if applicable)</i>	_____ Date _____
<input type="checkbox"/>	<b>ASSESSOR</b> 775-623-6310	Approved ____ Disapproved ____ By _____ Date _____ Special Requirements _____
<input type="checkbox"/>	<b>City of Winnemucca</b> <b>Clerk Office</b> 775-623-6331	Approved ____ Disapproved ____ By _____ Date _____ Special Requirements _____

**For Office Use Only:**

County: Date: \_\_\_\_\_ Quarter \_\_\_\_\_ Account # \_\_\_\_\_

City: Annual \_\_\_\_\_ Pro-Rated \_\_\_\_\_  
Code \_\_\_\_\_ Account # \_\_\_\_\_

**CLEARANCE FORM**  
**Department of Taxation**  
**REQUIRED**

**To:** All Business License Applicants

**From:** City of Winnemucca and Humboldt County Business Licensing Department

The Department of Taxation **requires** that **everyone** who applies for a City of Winnemucca Business License or a Humboldt County Business License first get a Taxpayer ID number or **get a clearance from the Department of Taxation before a license can be issued.**

**Please call the Department of Taxation at (866) 962-3707** and tell them that you are applying for a City of Winnemucca and/or Humboldt County Business License. Should no one answer leave them a message with a good contact number and they will call you back. The Department of Taxation may request that you send them Supplemental Information, a copy of the Nevada Business Registration with an original signature(s) and fees. Please get confirmation from taxation that you have applied with them. You may also apply online at [www.tax.nv.gov](http://www.tax.nv.gov). When you apply online be sure to print the confirmation page to prove you have registered with the State.

**NEVADA STATE BUSINESS LICENSE**  
**Secretary of State**

Effective October 1, 2009 all businesses will be required to register for a Nevada State Business License with the Secretary of State.

Please call their office at (775) 684-5708, tell them that you are applying for a City of Winnemucca and/or Humboldt County Business License. You may also register online at [www.nvsos.gov](http://www.nvsos.gov). No license will be issued without your Nevada State Business License or a clearance from their office stating you do not need one.



HUMBOLDT COUNTY  
HANDYMAN REGULATIONS

Handyman applicant is aware that the license for which they are applying is merely a Humboldt County business license (to conduct business outside of the City limits). It is not, nor is there, a Handyman contractor's license.

The applicant is advised to be very cautious in the type of work they undertake. Most construction requires a permit, including something as basic as sheetrock. In addition, in certain conditions, code requirements may apply to something as simple as changing a door (which may be a fire door) or changing windows (egress requirements may apply). Buildings may not be taken out of compliance with the codes.

The following regulations are per NRS 624.031 (5).

The applicant is aware that (s)he may only perform work to repair or maintain property if the value of the work is less than \$1,000 (including labor and materials).

The applicant is aware that they may not perform any type of work for which a building permit is required. It is the applicant's responsibility to know whether a building permit is required before beginning any work.

The applicant may not perform work of a type performed by a plumbing, electrical, refrigeration, heating or air-conditioning contractor.

The applicant may not perform any work that affects the health, safety and welfare to the public.

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I have read the above terms and conditions and acknowledge the regulations with my signature below.

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Applicant Signature

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Date

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

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

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 foregoing 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.



**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)

**HUMBOLDT COUNTY**

**25 W. Fourth Street**

**Phone (775) 623-6392**

**CITY OF WINNEMUCCA**

**90 W. Fourth Street**

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

**Business Information**

**The following information is needed in case of an emergency. The listed 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 day or night by calling (775) 623-6428 or faxing an updated form to (775) 623-6390.**

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Phone # of Business: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Responsible Party 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Responsible Party 2: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Responsible Party 3: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*(Circle all that apply)*

**Hazardous on Site:**

*Hazmat Chemicals*

*Explosives*

*Firearms*

**Alarm:**

*yes*

*no*

**Surveillance:**

*yes*

*no*

**Humboldt County Sheriff's Office Communication Center**

**801 East Fairgrounds Rd Winnemucca, NV 89445**

**(775) 623-6428 or Fax (775) 623-6390**

\*\*\*ALL Information will be kept confidential\*\*\*

Account #: NEW DEC  
Tax Year: 2022/2023 Unsecured  
Location:

NAICS Code:

Access Code:

**TO BE COMPLETED BY TAXPAYER**

Business Name: \_\_\_\_\_

Mail address, if different: \_\_\_\_\_

Location, if different: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**STATEMENT OF BUSINESS EQUIPMENT/ ASSETS/ PERSONAL PROPERTY  
- INSTRUCTIONS -**

**IN ACCORDANCE WITH NEVADA REVISED STATUTE 361.265 AND OTHER STATUTES AS NOTED:**

- ♦ As a business owner you are required to submit a sworn statement of business equipment/assets (also known as personal property) in your possession as of July 1, 2022;
- ♦ Your statement must be returned **not later than July 31, 2022**, except for a statement mailed to the taxpayer after July 15, in which case it must be returned within 15 days after demand for its return is made;
- ♦ Upon written petition of the property owner showing good cause, the assessor may grant one or more 30-day extensions;
- ♦ If any person after receiving this request by the Assessor's Office, neglects or refuses to give the statement herein provided for, the Assessor must make an estimate of the value of the property of such person and this value fixed by the Assessor may not be reduced by any Board of Equalization in accordance with Nevada Revised Statute 361.360;
- ♦ The information you provide is subject to verification in accordance with Nevada Revised Statute 361.263;
- ♦ You will receive a new declaration each year as long as the business remains active. You will be asked to enter changes from the previous year, including all acquisitions and disposals of business equipment/assets/personal property.

**WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE INCLUDE:**

- ♦ All equipment/assets/personal property:
  - ♦ Owned, rented, leased, bonowed, gifted, used, or in your possession as of July 1,2022, regardless of actual owner;
  - ♦ That have been fully depreciated out for IRS purposes but are still in your possession;
  - ♦ Regardless of age, still in your possession, not previously reported.
- ♦ Total acquisition cost includes:
  - ♦ Your original purchase price (if you did not purchase the property, your estimate of its value at time of receipt);
  - ♦ The cost of any improvements (additions to or renovations of the property) other than routine maintenance/repairs;
  - ♦ Transportation costs;
  - ♦ Installation and set up costs necessary to make the property operational.

**WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE DO NOT INCLUDE:**

- ♦ Any equipment/assets/personal property acquired after July 1, 2022;
- ♦ Sales tax;
- ♦ Licensed vehicles subject to the Department of Motor Vehicles governmental service tax;
- ♦ Inventory held for resale;
- ♦ Raw materials held for manufacturing into finished goods;
- ♦ Supplies that are consumed during day-to-day operations, that have a useful life of less than one year.

**LEASED/LOANED EQUIPMENT/ASSETS/PERSONAL PROPERTY:**

- ♦ Please provide documentation (e.g., a copy of your lease agreement) should the lessor be the responsible party; otherwise, the assessor will maintain that the lessee is responsible for the personal property taxes;
- ♦ Include: capital lease, operating lease, true lease, dollar buyout lease, nominal lease, conditional sale contract, loaned items, etc.
- ♦ If you are in the business of leasing/loaning equipment to others:
  - ♦ Please provide the physical location address of each asset;
  - ♦ If a lease has terminated, indicate if the lessee acquired the property or if the property was returned to the lessor.

**PLEASE CHECK IF APPLICABLE:**

- Equipment is declared in another county.** \_\_\_\_\_
- No equipment is used in the business.** Please explain: \_\_\_\_\_
- Shared equipment is owned and reported by another business at the same location.**  
 Their business name: \_\_\_\_\_ Phone number: \_\_\_\_\_
- Out of business.** Date business ceased: \_\_\_\_\_  
 How was equipment/assets/personal property disposed of: \_\_\_\_\_  
 If to another business or person, their name, address, phone: \_\_\_\_\_
- Business sold.** Date sold: \_\_\_\_\_  
 Sold to (name, address, phone): \_\_\_\_\_

**ACQUISITIONS not previously reported (see list beginning on page 3):**

Description and Quantity	Year Acquired	Total Acquisition Cost

**LEASED/LOANED PROPERTY:** Documentation is required to confirm lessor tax liability.  
 (Include: capital lease, operating lease, true lease, dollar buyout lease, nominal lease, conditional sale contract, loaned items, etc.)

Lessor/Lessee #1 - Name, mailing address, phone: _____			
Description and Quantity	Asset# or Customer #	Year Acquired	Installed Cost
Lessor/Lessee #2 - Name, mailing address, phone: _____			
Lessor/Lessee #3 - Name, mailing address, phone: _____			

Please carefully review the following list of previously reported property and cross out any items that are no longer in your possession.

Item #	Item Description	Year Acquired	Acquisition Cost

Acquisition Cost Total

Please check here  IF NO ACQUISITIONS, LEASES/LOANS, OR DISPOSALS HAVE OCCURRED SINCE LAST REPORT.

**SIGNATURE:** Under penalty of perjury, I do hereby declare and affirm that I have examined this entire declaration and any changes made therein and to the best of my knowledge, believe that it is correct and complete (NRS 361.265)

\_\_\_\_\_  
Taxpayer's signature

\_\_\_\_\_  
Print taxpayer's name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail address



**Please return all pages of this statement to the Assessor's Office and make a copy for your records.**

\*NEW DEC\*

## LIST OF COMMON BUSINESS EQUIPMENT / ASSETS / PERSONAL PROPERTY

This sample list is included to assist you in completing your written statement of business equipment/assets/personal property. The list includes, but is not limited to, the following:

Air compressor	Equipment & furniture	Gypsum products/machinery	Recreation
Air conditioner, window	Exercise		Refrigeration
Air conditioning/heating		Hand tools	Refrigerator
Aircraft repair	Fabricated metal	Healthcare	Rentals
Asphalt seal surfacing	Farm Equipment	Hospital	Restaurant
ATM	Auger		Route laundry service
Auto repair/sales/service	Backhoe	Ice making machine	
Auto wrecking yard	Baler	Ice plant	Safe
	Combine	Industrial	Sand/gravel equip
<b>Bakery</b>	Disc	Information systems	Satellite communication
Bank	Drags	Interior design	Security camera
Bar	Fertilize equipment		Security/fire
Barber/Beauty shop	Grain drills	<b>Jewelry store</b>	Service station equipment
Batch (concrete) plant	Grain elevator	Jukebox	Shed/locker, portable
Beverage machine	Harrowbeds		Shoe repair
Billboard	Harrowes	Laboratory	Shop equipment
Billiards	Harvester	Landscape maintenance	Signage, indoor & outdoor
Blue print machine	Hay hopper	Laundry	Silkscreen
Bowling alley	Hay fluffer	Coin operated	Slot machine
Broadcasting	Hay loader	Dry cleaning	Snowmobile
Burglar alarm system	Hay squeeze	Route service	Soft drink equipment
	Laser level equipment	Lawn mowing/maintenance	Spray paint booth
Cable TV	Machinery	Leaschold improvement	Stamping & engraving
Camera, closed circuit	Manure spreader	Library, law/medical	Storage building, portable
Car wash	Plough	Locker/shed	Store electronic
Carpet cleaning	Rake		Store fixtures/equipment
Cash register	Ripper	<b>Machine shop</b>	Surveying
Cell phone	Scraper	Machinery & equipment	
Cell site	Seeder	Mailing equipment	<b>Tack/saddle</b>
Cement processing	Semen tank	Maintenance	Telecommunications
Ceramics	Sprayer	Manufacturing	Telephone system
Chain saw	Swather	Martial arts	Television/monitor
Chiropractic	Tools	Masonry	Television repair
Cleaning service	Tractor	Medical office	Theater
Closed circuit TV	Wagon	Metal products & equip	Tire sales & service
Coffee brewing	Windrower	Mill & mine machinery	Tool & die
Coin wrap	Fax	Mining improvements	Tools, hand/misc small
Communications tower	Fax/copier combo	Mobile, frequent use	Tower, communications
Computer, hard & software	Fire/security	Mobile home park	
Concrete batch plant	Fixed equipment & machinery	Modular building/office	<b>Unlicensed vehicles/trailers</b>
Construction	Fixtures		Upholstery
Container/dumpster	Florist/gift shop	Nursery, day care	
Convalescent	Forklift	Nursery, horticulture	<b>Vacuum sales/service</b>
Cooler, drinking water	Funeral home		Vending/dispensing
Copier/fax combo	Furnishings, apartment	<b>Oil &amp; gas lease equipment</b>	Veterinary hospital
Copy machine	Furnishings, group qtrs	Optical	Video
Corral, portable	Furnishings, hotel	Oxygen cylinder	Cameras
Credit card machine	Furnishings, motel		Games/tapes
	Furnishings, patio	<b>Paging</b>	Production
<b>Day care/nursery</b>	Furniture	Paint spray booth	
Dental office		Painting	<b>Warehouse equipment</b>
Die & tool	<b>Gaming</b>	Photography	Washer/dryer
Dishwasher	Gasoline station equipment	Physical therapy	Water bottle/cooler
Distributing, wholesale	General maintenance	Plastics equipment	Welding
Doctor's office	Generator	Point of sale (POS)	Wholesale distributing
Donut shop	Gift/florist shop	Portable building	
Drilling	Golf carts	Postage equipment	<b>Yard maintenance</b>
Dry cleaning	Golf course equipment	Power generator	
	GPS engineering	Printing & publishing	
Electrical manufacturing	Grain equipment/storage	Propane tank & equipment	
Electronic/digital	Gravel/sand equipment	Publishing & printing	
Engineering/surveying	Gymnastics		
Engraving/stamping		<b>Radio communications</b>	