Pahrump Business License Application
For Non-Local Applicants
(Non-local means that your business is not physically located in Pahrump, Nevada)

Attached is the information for obtaining a Pahrump Business License. Please follow the check list. We will need something from EACH section, unless it does NOT apply to your type of business, in order to process your application.

If you have any type of special license (contractor, cosmetology, medical etc.) please attach a copy to your Pahrump License application.

If, the documents are notarized you can submit your application via email to townoffice@pahrumpnv.org. Once your application has been reviewed, we will contact you for a credit card payment over the phone.

Applications can also be mailed (if notarized) to Town of Pahrump 2100 E Walt Williams Dr, #100 Pahrump, NV 89048, accompanied by payment.

Your Pahrump Business License will be processed within 3-5 business days from receipt. If you have any additional questions, please feel free to contact me and I will be happy to assist you.

Thank You,

Town of Pahrump
(775) 727-5107
townoffice@pahrumpnv.org

Nye County is an Equal Opportunity Employer and Provider
Pahrump Business License Application
for NON-LOCAL Companies

Town of Pahrump ~ 2100 E. Walt Williams Dr., Suite #100 Pahrump, NV 89048 (775) 727-5107
Office Hours: Monday – Friday 8:00 AM-4:30 PM (Closed 12:00 PM – 1:00 PM for lunch)
Website: www.PahrumpNV.org   Email: TownOffice@pahrumpnv.org

Your Check List:
___ Pahrump License Application
___ Employer Identification Number
___ Nevada State Business License
___ Nevada Sales Tax (If applicable)
___ Affirmation of Compliance for Workers Compensation
___ Nye County Fictitious Firm Name Form/ DBA (If applicable)

Business License Fees: $150 Companies without a Pahrump Location

Contents / Directions:

• Pahrump License Application Information Page (Page 3)
  Complete the form; read and initial the 5 items. Sign the form in the presence of a Business License Technician or provide a notarized signature.

• Employer Identification Number
  If you have employees, you should have or will need to apply for an Employer Identification Number. Enter the EIN on the license application page.
  Phone: 800-829-4933. Website: www.irs.gov.

• Nevada State Business License (also known as the Corporation Name)
  All businesses must be registered with the State of Nevada. Please provide a copy of your Nevada State Business License (through the Secretary of State) along with a list of officers.
  Contact information: Secretary of State, at North Las Vegas City Hall; 2250 Las Vegas Blvd. North, 1st floor Las Vegas, NV 89030. Phone: 702-486-2880. Website: https://nvsos.gov.

• Nevada Department of Taxation
  If you are reselling, you will need with the Department of Taxation. Please provide a copy of your permit with your application.
  Contact information: Department of Taxation, 555 East Washington Avenue, Ste 1300, Las Vegas, NV 89101. Phone: 702-486-2300. Website: www.tax.nv.gov.

• Affirmation of Compliance for Workers Compensation (Page 4)
  This form must be completed even if you do not have employees. Complete the form and sign in the presence of a Business License Technician or provide a notarized signature.

• Business Fictitious Firm Name Form (DBA) (Page 6)
  Do not file this form if the business name and corporate name are identical. We are unable to accept filings from another County. To file this form, you must contact the Nye County Clerk's Office, located inside the Nye County Courthouse, 1520 E Basin Avenue, Pahrump, NV. (775) 751-7040. A filed copy must be submitted with your application, if applicable.

• Provide copies of any Federal, State or County licenses, permits or registrations that may apply.
BUSINESS LICENSE APPLICATION

**Type of Business:** Circle One
C=Contractor  H=Handyman  R=Retail  E=Exempt
S=Service  W=Wholesale  N=Non-Profit

**Type of Ownership:** Circle One
S=Sole  C=Corporation
P=Partnership  L=Limited Liability Co

**Business Information**

Business Name __________________________ Telephone ___________
Corporation __________________________________________ FEIN ________

**Business Contact Person**

Physical Address __________________________ City ______ State ______ Zip ______
Mailing Address __________________________ City ______ State ______ Zip ______
E-mail __________________________ Fax __________________________

**Business Description:**

Will any customers/clients or employees ever be present at your business location? Yes__  No____

**Special License/Registration Requirements:** (Example: Nevada State Contractors License)
Please include a copy or copies of Special Licenses
Agency: __________________________ Lis # _______ Exp _______

**Authorized Representative:** Circle one-OWNER—OFFICER—MEMBER/MANAGER—PARTNER

Name —————————————————— Telephone ————————
Address —————————————————— City ______ State ______ Zip ______
SSN ______ ID _______

Please read and initial each statement below

1. I understand that obtaining this Business License will not in itself exempt me, or my business from satisfying the requirements of the Pahrump Zoning and Conditional Use Permit Ordinance. _______

2. I have satisfied all the Nevada Revised Statutes, and obtained all the required permits and licenses for this type of business. Pending: __________________________________________________________________________________ _______

3. I have never been refused a business license or had a business license suspended or revoked in Nevada or in any other state. _______

4. I do not owe any license fees or penalties for any other business licenses issued to me. _______

5. I understand a Code Enforcement Officer or Licensing Officer may issue warnings, citations, cease and desist orders, and/or may assess penalties for non-compliance with Pahrump Town Ordinance #35. (Business License Ordinance) _______

I solemnly swear or affirm that statements in this application are true and correct. It is my responsibility to determine and comply with appropriate Federal, State, County and Town requirements. Misrepresenting or failing to reveal requested information may be cause to refuse or revoke my business license. I will comply with the business license ordinance and amendments adopted or enacted by the Town of Pahrump. My license is issued specifically to me and my business only. I will not transfer this license to any other person or business.

Signature of Authorized Representative/Applicant

Subscribed and sworn before me on this _______day of ___________ 20_____

Notary Public or Business License Employee
State of Nevada County of Nye
STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS  
AFFIRMATION OF COMPLIANCE 
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS 
(Instructions with Definitions are located on reverse side)

<table>
<thead>
<tr>
<th>Business Name (Include any name doing business as)</th>
<th>Type of Business</th>
<th>Business Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

|---------------------------|--------------------|-------------------------------|

<table>
<thead>
<tr>
<th>Name of Principal Owner (Please Print)</th>
<th>Principal Owner's Telephone No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Principal Owner's Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Identified as: (Select one option 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):

<table>
<thead>
<tr>
<th>Effective Date of Coverage</th>
<th>Account Number</th>
</tr>
</thead>
</table>

( ) 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.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Certificate Number</th>
</tr>
</thead>
</table>

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 ( ) LLC/Corporation

<table>
<thead>
<tr>
<th>Name of Applicant (Please Print)</th>
<th>Applicant's Telephone No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant's Residence Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

Witness Signature - (Business License Office Employee)  
Name of City or County

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___
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.

"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.

Contact:
State of Nevada, Division of Industrial Relations - Workers Compensation Section
3360 W Sahara Ave #250, Las Vegas, NV 89102     Phone: (702) 486-9080
CERTIFICATE OF BUSINESS - FICTITIOUS FIRM NAME

NEW APPLICATION
Renewal of Existing Fictitious Firm Name
Address Change (No Filing Fee)
Name Change - Proof of Legal Name Change Required (No Filing Fee)

Original Name __________________________

THE UNDERSIGNED do/does hereby certify that ______________________________, (Name of individual, corporation, partnership or trust)

mailing address for renewal ________________________, (P.O. Box/Street) __________________________________________________________ (City) __________ (State) __________ (Zip) __________

is/are conducting ________________________________ business located at ________________________________ (physical address) __________________________________________________________ (City) __________ (State) __________ (Zip) __________

______________, Nevada __________, phone number __________________________ under the fictitious name __________________________________________________________

said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

1) ________________________________ Date ________________________________

Signature

Print Name ________________________________

Address ________________________________ (phone) ________________________________

Mailing Address if different from above ________________________________

City, State, Zip ________________________________

3) ________________________________ Date ________________________________

Signature

Print Name ________________________________

Address ________________________________ (phone) ________________________________

Mailing Address if different from above ________________________________

City, State, Zip ________________________________

3) ________________________________ Date ________________________________

Signature

Print Name ________________________________

Address ________________________________ (phone) ________________________________

Mailing Address if different from above ________________________________

City, State, Zip ________________________________

STATE OF NEVADA, County of Nye

I, ________________________________, Notary Public in and for the said County and State, residing therein, duly sworn, personally appeared ________________________________, known to me to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged to me that he/they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

Sworn before me on this _____ day of ____________________, 20____

Notary Public
State of ____________ County of ____________