Attached is the information for obtaining a Pahrump Business License. **Please follow the checklist as I will need something from EACH section, unless it does NOT apply to your type of business, 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 you will be providing food items at your establishment, you will need to obtain a Certificate from the Health Department. Please contact Sue Huff at (775) 895-3604 or at jhuff@health.nv.gov.

- If you will be having liquor or gaming at your establishment, you will need to obtain a Nye County Liquor/Gaming License. Please contact Samantha Tackett at the Nye County Administration Office, located at 2100 W. Walt Williams Dr., Ste #100 Pahrump, NV 89048. She can also be reached at (775) 751-4270 or at stackett@co.nye.nv.us.

- Nevada State Contractors Board – (702) 486-1100 – 2310 Corporate Circle, Suite #200 Henderson, NV 89074. Please check their website at www.nscb.state.nv.us to see if your line of work requires you to have a Nevada State Contractors License.

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

Thank You,

**Town of Pahrump**
(775) 727-5107
townoffice@pahrumpnv.org
www.pahrumpnv.org
Your Check List:
___ Pahrump License Application (Complete)
___ Employer Identification Number (Provide Number)
___ Nevada State Business License (Provide Copy)
___ Nevada State Sales Tax (Provide Copy)
___ Affirmation of Compliance for Workers Compensation (Complete)
___ Nye County Fictitious Firm Name Form (DBA) (Provide Copy)
___ Pahrump Valley Fire Form (Complete w/ additional payment)
___ APPROVED Business License Review from the Pahrump Regional Planning District (Online Submission)

Business License Fees:
$150 Companies without a Pahrump Location
$100 Companies with more than 100 employees
$75 Corporation or LLC
$50 Sole Proprietor / $60 Partnership
$5 Non-profit Corporations

Contents/Directions:
• **Pahrump License Application**
  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 will need to apply for a Employer Identification Number. You can apply by telephone at 800-829-4933 or online at [www.irs.gov](http://www.irs.gov). Enter the EIN on the license application.

• **Nevada State Business License (also known as the Corporation Name)**
  Register with the Secretary of State, at North Las Vegas City Hall; 2250 Las Vegas Blvd. North, 1st floor Las Vegas, NV 89030 or online at [https://nvsos.gov](https://nvsos.gov). Return the printed registration confirmation, receipt and list of officers with the license application. For additional information please contact 702-486-2880.

• **Nevada Business License Application for Sales Tax**
  You do not need to apply for sales tax if you are not reselling items. You can register with the Department of Taxation, at 555 East Washington Avenue, Ste 1300, Las Vegas, NV or online at [www.tax.nv.gov](http://www.tax.nv.gov). Return the printed registration confirmation and receipt with the license application.

• **Affirmation of Compliance for Workers Compensation**
  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**
  Do not file this form if the business name and corporate name are identical. Submit the completed form to Nye County Clerk's Office, Nye County Courthouse, 1520 E Basin Avenue, Pahrump, NV. Return the approved form with the license application.

• **Pahrump Valley Fire and Rescue**
  If your business is NOT located in Pahrump OR you are NOT going to have a physical location that customers can come to, DO NOT complete this form. All others complete the form and take it to the Town of Pahrump Office, do NOT take the form to the Fire Department. Please include a check for the required fees and make it payable to Town of Pahrump. Inspection will be done at a later date.

• **Business License Review Application for the Pahrump Regional Planning District (Online Submission)**
  If the business is NOT located in Pahrump do not complete this online process. All others submit your online application through [https://nyecountynv.viewpointcloud.com/](https://nyecountynv.viewpointcloud.com/). Nye County Planning/Zoning Department is located at 250 NV-160, Pahrump, NV 89060. Please call (775) 751-4249 with any questions regarding your online application.

*Provide copies of any federal, state or county licenses, permits or registrations that apply. Provide a copy of Articles of Organization or Articles of Incorporation and list of officers*
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:
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. Initial

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

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

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

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) Initial

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 ________________________________

_______ day of ____________ 20___

Signature of Notary Public or Business License Employee ________________________________

_______ day of ____________ 20___

State of Nevada County of Nye
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:

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. Initial

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

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

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

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) Initial

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_____

Signature of 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: (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):

<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 ( ) 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____

<table>
<thead>
<tr>
<th>Signature of Applicant (To be signed in the presence of the business license office employee)</th>
<th>Applicant's Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Witness Signature - (Business License Office Employee)</th>
<th>Name of City or County</th>
</tr>
</thead>
</table>

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____
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.
CERTIFICATE OF BUSINESS - FICTITIOUS FIRM NAME

THE UNDERSIGNED do/does hereby certify that

mailing address for renewal

is/are conducting business located at

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

1) 

Signature Date

Print Name

Address (phone)

Mailing Address if different from above

City, State, Zip

2) 

Signature Date

Print Name

Address (phone)

Mailing Address if different from above

City, State, Zip

3) 

Signature Date

Print Name

Address (phone)

Mailing Address if different from above

City, State, Zip

4) 

Signature Date

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/she 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 ____________
BUSINESS NAME: _____________________________________________________________
OWNER NAME: ______________________________________________________________
PHYSICAL ADDRESS: _________________________________________________________
MAILING ADDRESS: _________________________________________________________
BUSINESS PHONE: __________________________ ALTERNATE PHONE: __________________
EMAIL ADDRESS:  _________________________________________________________
CONTACT PERSON: __________________________ PHONE: _______________________
CONTACT PERSON’S EMAIL: _________________________________________________
TYPE OF BUSINESS: _________________________________________________________
MOVE IN DATE: ______________________ OPENING DATE: ___________________________
BUSINESS HOURS: _____________________________________________________________
LICENSED AS HEALTH CARE: ________ LIQUOR LICENSE REQUIRED: _________________
HOME BASED BUSINESS: ______________ # OF EMPLOYEES: _______________________
LIST CHEMICALS STORED & QUANTITY ____________________________________________

FEES: $50.00 = Certificate of Occupancy (initial fee for new business or change of ownership)
$50.00  Life Safety Inspection (annually after initial inspection)
$50.00  Hazardous Materials (annually, if applicable)
$10.00  Temporary Permit (covers special events)
$50.00  Re-inspections (determined by Inspector)

APP SUBMITTED _____________________________________________________________
FEE PAID ___________________________________________________________ 
CASH __________________________ CK __________________________ CREDIT CARD _______________

Inspection fee covers the Initial Inspection and one (1) Follow-Up Inspection, if needed. Re-Inspections are subject to additional fees.

DO NOT WRITE BELOW THIS LINE FOR INSPECTORS USE ONLY

1st Inspection ____________________ Y / N  2nd Inspection ____________________ Y / N
Occupancy ____________________________________________________ Y / N
Certificate # ________________________________________________
Line Safety ____________________________________________________ Y / N
No. ____________________________________________________________
Business License Review Online Portal

Visit https://nyecountynv.viewpointcloud.com/ and submit your application for processing and approval.

 PROCESS CAN TAKE UP TO 3 - 5 BUSINESS DAYS!

The approval process may take (3-5 business days). Once this application has been approved, please submit your confirmation of approval, with all the other requested documents, to obtain your Pahrump Business License.
Accessing Citizen Service Portal to process Online Applications

Go to nyecounty.net

Department >

Planning Department >

Application Submittals >

Nye County Applications Link

For information on the portal, you can explore the Help, Links, Guides & other Information Link

Or

You can select the Portal Link, https://nyecounty_nv.viewpointcloud.com/, and select one of the following, Planning, Public Works or Building and Safety links to move forward onto the application process.

Note: Attachments need to be in PDF Format. All areas and attachments need to be completed to move forward in the application process.