

MINERAL COUNTY SHERIFF'S OFFICE

P.O. Box 2290 - 105 So. A Street, Suite #4 - Hawthorne, NV 89415
(775) 945-1046 phone - (775) 945-5484 fax - echisholm@mineralcountynv.org

THE FORMS INCLUDED IN THIS APPLICATION ARE REQUIREMENTS OF NEVADA REVISED STATUTE AND/OR MINERAL COUNTY CODE. PLEASE FEEL FREE TO CALL OR MAKE AN APPOINTMENT WITH THE MINERAL COUNTY SHERIFF'S BUSINESS OFFICE IF YOU HAVE ANY QUESTIONS THAT HAVE NOT BEEN COVERED BELOW WITH REGARD TO YOUR MINERAL COUNTY BUSINESS LICENSE APPLICATION.

Included with your application are the following forms, please refer to the instructions on completing the forms below:

- Mineral County Business License Application
- Mineral County Sheriff's Office Supplemental Form and Questionnaire
- Signature Sheet for Appropriate Offices
- Certificate of Business: Fictitious Firm Name
- Application of License
- State of Nevada, Secretary of State instructions to apply for state license online

Depending on the type of business you are conducting additional forms may be required. Please advise the business office if you are a professional, which requires a certification by the state, a contractor or subcontractor, serve food or alcohol, have a gambling establishment, provide overnight lodging or have amusements at your business location, i.e., pool tables, video games. If your business requires a health inspection, we recommend you contact the health department immediately.

The fees are due and payable at the time you make application and are non-refundable. These fees are based on the number of employees working in Mineral County and are as follows:

- (a. \$ 40 self employed (husband and wife)
- (b. \$ 80 one employee, one partner
- (c. \$ 120 for 2, 3 and 4 employees, multiple partners
- (d. \$ 200 for license having 5 and 6 employees
- (e. \$ 240 for license having 7 and 8 employees
- (f. \$ 280 for license having 9 to 20 employees
- (g. \$ 340 for license having 21 to 50 employees
- (h. \$ 800 for license having 51 to 150 employees
- (i. \$1200 for license having 151 or more employees.

**Our fiscal year is July 1 through June 30. The fees are prorated on a quarterly basis. The fee shall be reduced 25% for each quarter that has passed excluding the final quarter for self employed businesses, which will never be less than \$20.*

Mineral County Business License Application

Complete each section as outlined. An original signature is required. Submit application and fee to the Mineral County Sheriff's Office at P.O. Box 2290, Hawthorne, NV 89415.

Mineral County Sheriff's Office Supplemental Form and Questionnaire

This form includes questions that must be completed as mandated by Nevada Revised Statute and/or Mineral County Code. The information in this form must be completed and notarized. Failure to provide this information will result in the automatic denial of application.

Signature Sheet for Appropriate Offices

It is your responsibility to obtain a signature from the **Mineral County Clerk** prior to submission of application to the Mineral County Sheriff's Business Office. (See Certificate of Business: Fictitious Firm Name next page)

The Sheriff's Office will contact the Building Inspector, Fire Chief and Utilities Director on your behalf.

Certificate of Business: Fictitious Firm Name

This form may need to be turned in to the Mineral County Clerks/Treasurers office. This form **does not** need to be turned in with your Mineral County Business License Application and has been provided for your convenience.

You may be required to obtain a Fictitious Firm Name with the Mineral County Clerks' Office. Please contact the Mineral County Clerks' Office prior to completing this form to determine that you are in compliance with NRS 602. There is a \$25 fee to file this form. After confirmation of compliance with Mineral County Clerks' Office, have them sign the *Signature Sheet of Appropriate Offices*

Mineral County Clerk/Treasurer's Office
105 S. A Street
P.O. Box 1450
Hawthorne, NV 89415
(775) 945-2446

Application of License

This form may need to be turned in to the Mineral County Clerks/Treasurers office. This form **does not** need to be turned in with your Mineral County Business License Application and has been provided for your convenience.

You may be required to obtain an Application of License with the Mineral County Clerks' Office. Please contact the Mineral County Clerks' Office prior to completing this form to determine that you are in compliance with NRS 364. There is a one-time \$3 fee to file this form. Upon confirmation of compliance with Mineral County Clerks' Office, have them sign the *Signature Sheet of Appropriate Offices*

Mineral County Clerk/Treasurer's Office
105 S. A Street
P.O. Box 1450
Hawthorne, NV 89415
(775) 945-2446

Other telephone numbers you may need are:

- State of Nevada Department of Health – (775) 423-2281
- Mineral County Building Inspector (775) 945-3671
- Mineral County Fire Inspector (775) 945-2497

Department of Taxation – Business Tax Certificate of Compliance

You must obtain a Retail Tax Permit and/or State Business License per NRS 360.780. We recommend you contact the Department of Taxation, prior to completing this form to determine that you are in compliance with Department of Taxation requirements.



MINERAL COUNTY, NEVADA BUSINESS LICENSE APPLICATION



1	I Am Applying for: (X Appropriate Field)	New Business	Change in Ownership	Change in Location	Change in Name	Change in Mailing Address	Other
	X All That Apply:	Liquor	Gaming	Brothel	Amusement Devices	Number of Devices:	
2	Entity Type: (X Appropriate Field)	Sole Proprietor	Partnership	Corporation	LLP/LLC	Other	
3	Business Name:						
4	Physical Address:	Street		City		State	ZIP + 4
5	Mailing Address:	Street/Post Office Box		City		State	ZIP + 4
6	Business Telephone:			Taxpayer ID Number:			
	Responsible Local Contact:			Contact's Telephone #:			
7	E-mail address:			Website Address:			
8	Corporate Office: (Parent Company)						
9	Corporate Address:	Street/Post Office Box		City		State	ZIP + 4
10	Taxpayer ID #: (If different)		Corporate Office's Telephone				
11	List All Owners, Partners, Corporate Officers, Managers, Members, etc. If individual ownership, list only one owner. Attach Additional Sheets if Needed.						
	Last, First, MI			Title:		Percent Owned:	
	Last, First, MI			Title:		Percent Owned:	
	Last, First, MI			Title:		Percent Owned:	
	Last, First, MI			Title:		Percent Owned:	
12	Date Business Operations Will Begin:			Number of Employees in Mineral County:			
13	Describe the Nature of Your Business. Include Product Sold, Labor Performed and/or Services Rendered.						
14	If You Have Acquired An Existing Business, Have a New Federal Tax Number, or Made a Change, Explain Below:						
15	I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.						
	Signature Responsible Party			Print Name and Title		Date	
	Signature Responsible Party			Print Name and Title		Date	

ORIGINAL SIGNATURES REQUIRED. IF A GENERAL PARTNERSHIP OR JOINT VENTURE, MORE THAN ONE SIGNATURE IS REQUIRED.
LEGAL SIGNATURES INCLUDE: SOLE PROPRIETOR-OWNER, CORPORATE OFFICER, AND MANAGING MEMBER.
COMPLETING THIS FORM DOES NOT RELIEVE YOU OF ANY STATUTORY REQUIREMENTS RELATING TO YOUR BUSINESS

Business Name: _____

Owners, Partners, Corporate Officers, Managers, Members, etc.

Name (Last, First, MI)		SSN	
Residence Address		Date of Birth	
Mailing Address		Residence Telephone	

Name (Last, First, MI)		SSN	
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Name (Last, First, MI)		SSN	
Residence Address		Date of Birth	
Mailing Address		Residence Telephone	

Please initial below to acknowledge that you have read and understand each of the statements

_____ I understand that per NRS 360.780 I must have a Nevada state business license or I must file for an exemption.

_____ I understand that it is my responsibility to know the zoning code of my business location. I acknowledge that if the zoning code is M3 – Open Use, then I am required to obtain a Special Use Permit from the Mineral County Planning Commission before acquiring a business license. Contact the Mineral County Building Inspector at (775) 945-3671 for a form to request agenda time for the next Planning Commission meeting.

_____ I understand that any remodeling in a commercial building must be done by a licensed contractor. Building Permits must be obtained before the work begins.

_____ I understand that any commercial building must have a back-flow preventer installed. You must contact Hawthorne Utilities to determine if your location has one in place before acquiring a business license.

_____ I understand that if my business serves food and/or beverages I must have a grease interceptor in the preparation area. Contact Hawthorne Utilities for sizing and application.

_____ I understand that if my business serves food and/or beverages I must contact the State Health Department.

FOR CONTRACTORS ONLY:

I understand that I must attach a copy of my Nevada Contractors License and State Business License.

Date:

Signature:

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SIGNATURE SHEET FOR APPROPRIATE OFFICES

BUSINESS NAME: _____

ADDRESS: _____

ZONING CODE: _____

➤ **MINERAL COUNTY SHERIFF'S OFFICE**

I, Sheriff Randall L. Adams, have examined the foregoing application for a business license and find it to be properly prepared for submission to the Board of Mineral County Commissioners for final approval. (NRS 364)

Sheriff Date

By Deputy:

➤ **MINERAL COUNTY CLERK/TREASURER OFFICE**

The aforementioned applicant is in compliance with the requirements of (NRS 602) Doing Business Under Assumed or Fictitious Name

Clerk Date

By Deputy:

➤ **BUILDING, FIRE and UTILITY INSPECTIONS**

The aforementioned applicant is in compliance with all state and local building, and fire requirements.

Building Inspector Date

Fire Inspector Date

Utilities Director Date

Comments and Recommendations:



Mineral County
Clerk-Treasurer's office

FILED

Date:
Clerk
Deputy
Mineral County Clerk's office

Certificate of Business: Fictitious Firm Name

The expiration date for such certificates shall expire after five years from the date of filing.

Please Select One:
New Application
Renewal of existing Fictitious Firm Name

The undersigned do/does hereby certify that they are conducting business in Mineral County, Nevada, under the

Fictitious Firm Name:

Business Address:

And that business is being conducted as:

- A Natural Person
An Artificial Person
A General Partnership
A Trust

By the following person(s) whose name(s) and address(es) are as follows:

Signed By: Full Name of Authorized Signer Signature (Must be signed before a Notary Public)

Street Address of Business or Residence City, State, Zip

Mailing Address (Required if different than address above) City, State, Zip

Signed By: (Use if needed) Full Name of Authorized Signer Signature (Must be signed before a Notary Public)

Street Address of Business or Residence City, State, Zip

Mailing Address (Required if different than address above) City, State, Zip

By signing above, 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.

For additional signatures, please use additional pages

STATE OF
COUNTY OF } SS:

This instrument was acknowledged before me on (Date)

by (Name of individual(s) whose signature(s) is/are being notarized)

Signature of Notary Public
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