#### THE FOLLOWING ITEMS MUST BE COMPLETED AND ACCOMPANY YOUR CARSON CITY LICENSE APPLICATION

#### **BUSINESS LICENSE:**

- Application/Update Fee \$25.00
- Copy of State Business License or Exempt Receipt Office of the Secretary of State 202 N. Carson St., Carson City, NV 89701 (775) 684-5708 <u>www.nvsos.gov</u>
- Carson City Sheriff's Responsible Party Information **Commercial Location Only** Carson City Provisions Regulating Home Occupations – **Home Based Only**

(Neither form required for Out of Town Businesses)

- Copy of State of Nevada Specialty License If applicable
- Fictitious Firm Name (DBA) Form If you are conducting business under an assumed or fictitious name, you are required to file that name with the Business License Division (\$20.00 Fee)
- The approval process takes approximately 7 -10 business days assuming all the information necessary for processing is provided to our office by the applicant at time of submittal.

#### **GAMING LICENSE:**

- Application Fee \$25.00
- Copy of State Gaming License

#### LIQUOR LICENSE:

- Applicant's Authority to Release Information
- Rules and Regulations Affidavit
- Sheriff's Applicant Questionnaire
- Authorization to Release Criminal History Record
- Sheriff's Work Card Application
- Personal History Record
- Invested Capital Questionnaire
- Proof of Citizenship Original Birth Certificate or Passport
- Copy of Driver's License
- Liquor License and Health Permit Interim Management Agreement – (If Applicable)
- Copy of State License Breweries and Wholesalers
- Beer/Wine License Application Fee \$500.00 or
- **Hard Liquor License Application Fee \$1000.00**
- **Investigation Fee \$500.00**
- An appointment is required to submit Liquor License application and begin background investigation.
- The approval process takes approximately 45 days assuming all the information necessary for processing is provided to our office by the applicant at time of submittal.

#### SUBMIT APPLICATION TO THE FOLLOWING ADDRESS:

Carson City Business License Division 108 E. Proctor St Carson City, NV 89701 (775) 887-2105

T---- of D-----

#### HOURS OF OPERATION:

8:00 - 4:00 Monday - Friday 12:00 – 1:00 Closed

**WEBSITE:** www.carson.org

Fees required for a **NEW Business License** are as follows: (Renewal fees billed annually)

| Type of Business  | <u>Annual Fee</u>                  |
|---|------------------------------------|
| Home Based  | \$63.85                            |
| Out of Town   | \$79.90                            |
| Hobby (Home Based – Income under \$3500/year)                     | \$26.60                            |
| Short-Term (60 days or less)                                      | \$22.70/day or \$113.50/month      |
| Independent Contractor - (Tattoo and Permanent Make-up - Additi   | onal one time fee \$25.00) \$42.60 |
| Contractor – Home Based or Out of Town                            | \$78.75                            |
| Commercial Location – Base Fee (Plus Additional fees from table l | below) \$63.85                     |

#### Additional Fees for Commercial Locations -

| Square Footage - | 0 - 1,999       | - | \$ 13.00 | Employees         | -       | 1-100       | - \$6.15  | each                |                |
|------------------|-----------------|---|----------|-------------------|---------|-------------|-----------|---------------------|----------------|
|                  | 2,000 - 2,999   | - | \$ 32.25 |                   |         | 101 plus    | - \$2.85  | each                |                |
|                  | 3,000 - 4,999   | - | \$ 64.70 |                   |         |             |           |                     |                |
|                  | 5,000 - 7,499   | - | \$ 96.90 | Business Lic      | enses a | re prorated | according | to the month busine | ss is started: |
|                  | 7,500 - 9,999   | - | \$129.45 | <b>January</b> 10 | 00%     | May         | 67%       | September           | 33%            |
|                  | 10,000 - 24,999 | - | \$194.65 | February 9        | 92%     | June        | 58%       | October             | 25%            |
|                  | 25,000 plus     | - | \$259.20 | March             | 83%     | July        | 50%       | November            | 17%            |
|                  |                 |   |          | April             | 75%     | August      | 42%       | December            | 8%             |

Fees required for a **NEW Liquor License** are as follows: (Renewal fees billed annually)

| Type of Liquor License                 | Annual Fee | Additional I | Liguor 1 | License Fees – | If App   | <u>licable</u> |                      |
|--|------------|--------------|----------|----------------|----------|----------------|----------------------|
| Dining Room with Beer and Wine Only    | \$600.00   | Additional W | Vet Bar  | \$.            | 500.00 e | each           |                      |
| Dining Room with Hard Liquor           | \$800.00   | Catering     |          | \$-            | 400.00   |                |                      |
| Tavern/Bar                             | \$800.00   |              |          |                |          |                |                      |
| General Wholesale Liquor               | \$800.00   | Liquor Lice  | nses are | prorated accor | rding to | the month      | business is started: |
| Packaged Liquor                        | \$800.00   | July         | 100%     | November       | 67%      | March          | 33%                  |
| Combo – Packaged Liquor and On-Premise | \$900.00   | August       | 92%      | December       | 58%      | April          | 25%                  |
|  |            | September    | 83%      | January        | 50%      | May            | 17%                  |
|  |            | October      | 75%      | February       | 42%      | June           | 8%                   |

Fees required for a **NEW Gaming License** are as follows: (Renewal fees billed quarterly)

| Type of Game              | Quarterly Fee   | Type of Game                        | Quarterly Fee  |
|---------------------------|-----------------|-------------------------------------|----------------|
| Slot Machines             | \$40.00/machine | Keno/Baccarat/Race Book/Sports Book | \$172.50/table |
| Craps/Roulette/Twenty-One | \$180.00/table  | Poker                               | \$97.50/table  |

| ST CHTY TA   | CARS                  | ON CITY             | LICENSE AL               | PPLICATION   | Business I     | License #:                            |                  |                |
|--|-----------------------|---------------------|--------------------------|--|----------------|---------------------------------------|------------------|----------------|
| THE PART OF THE PA |                       | -                   | _                        | illegible applications wil<br>an original signature                              | l<br>Submittal | Date:                                 |                  |                |
|  | Business              | ☐ Change            | of Location/Mailing      | ☐ Change of Name   | □ Cha          | nge of Corpo                          | rate Officer     | □ Other        |
| Type of I  | license(s)            |                     | Business                 | □ Short-Term   |                | ☐ Gamin                               | ıg               | ☐ Liquor       |
| Type of Entity   | ☐ Sole Pr             | oprietor            | ☐ Corporation            | ☐ Partnership  | ☐ Lim          | nited Liability                       |                  | □ Non-Profi    |
| Entity Name  |                       | •                   | _                        | — :  |                | Business Open                         | ing Date         |                |
| Business Name (D   | BA)                   |                     |                          |  | 5              | EIN#                                  |                  |                |
| Business Address   |                       |                     |                          | C:4  | 7              |                                       | Zip Code         |                |
| Business Address   |                       |                     |                          | City   | State          |                                       | Zip Code         |                |
| Mailing Address  |                       |                     |                          | City   | State          |                                       | Zip Code         |                |
| Corporate Phone  |                       | <b>Business Pho</b> | ne                       | Cellular Phone   | F              | Business Fax                          | <u> </u>         |                |
| E-mail Address   |                       |                     |                          | <b>Business Website</b>  |                |                                       |                  |                |
| Owner(s) Manage  | er(s), or other Prin  | cinal(s) attach     | additional pages if rec  |  |                |                                       |                  |                |
| Last, First, MI  | 1(3), 01 0ther 1111   | cipai(s) actacii    | Percent Owned            | Title  | Date of Bir    | rth                                   | SSN              |                |
|  |                       |                     |                          |  |                |                                       |                  |                |
| Residence Address  | s (Street)            |                     |                          | City, State, Zip   |                |                                       | Residence Tele   | phone          |
| Last, First, MI  |                       |                     | Percent Owned            | Title  | Date of Bir    | rth                                   | SSN              |                |
| Residence Address (Street)   |                       |                     |                          | City, State, Zip   |                | Residence Telephone                   |                  |                |
| Last, First, MI  |                       |                     | Percent Owned            | Title  | Date of Bir    | rth                                   | SSN              |                |
| Residence Address (Street)   |                       |                     |                          | City, State, Zip   |                | Residence Telephone                   |                  |                |
| Manager/Liquor N   | Manager               |                     |                          | □ On-Site  | (              | Contact Phone                         | Number           |                |
| Residence Address  | (Street)              |                     |                          | ☐ Off-Site City, State, Zip  |                |                                       |                  |                |
| Residence Address  | s (Street)            |                     |                          | City, State, Zip   |                |                                       |                  |                |
| certificate for the  | purpose of deter      | mining wheth        | ier or not you have fa   | to provide your social secuiled to comply with a subpersupport of a child or you | oena or warı   | rant relating                         | to a proceeding  | g to determine |
| Describe in detail   | the activity of yo    | ur business         |                          |  |                |                                       |                  |                |
| Type of Liquor L   | icense Applying f     |                     | T                        |  |                |                                       |                  |                |
| □ Tavern/Bar   | ☐ Dining Room<br>Wine |                     | □ Packaged<br>Liquor     | □ Dining Room w/Hard<br>Liquor   |                | (On-Premise<br>Pkg)                   | ☐ Gener          | al Wholesale   |
| ☐ Catering   |                       | onal Wet Bars       |                          | Will there be an Interim   |                | , , , , , , , , , , , , , , , , , , , | 1                |                |
| List number of slot machines (If applicable)   |                       |                     |                          | List number of table gam   | es (If applica | able)                                 |                  |                |
| □ 1 cent   |                       | □ Multi             |                          | □ Craps  |                | Baccarat _                            |                  |                |
| □ 5 cent<br>□ 25 cent  | cent Polyor           |                     |                          | ☐ Roulette<br>☐ Twenty-One   |                | ☐ Race Book<br>☐ Sports Bool          |                  |                |
| □ 25 cent  | _                     | □ Mega Buc          |                          | □ Iwenty-One   |                | □ Sports Bool<br>□ Poker              |                  |                |
| If this application  | is for a change of t  | ousiness name,      | , location, or ownershi  | p, list the previous name, ad  | dress, and ow  | ner below                             |                  |                |
|  |                       | I am not subj       | ject to a court order fo | r the support of a child   |                |                                       |                  |                |
| 1  |                       | I am subject        | to a court order for th  | e support of one or more chi   | ldren and am   | in compliance                         | e with a plan ap | proved by the  |
| Check One  |                       | District Attor      | rney or other public ag  | gency enforcing the order for  | the repayme    | nt of the amou                        | unt owed pursua  | ant to order   |

I am subject to a court order for the support of one or more children and am *not in compliance* with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order

| U             | Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180 |   |  |  |  |  |  |  |
|---------------|---|---|--|--|--|--|--|--|
| Information   | Is your business location zoned for this type of business  Has a Special Use Permit been obtained for this business location  |   |  |  |  |  |  |  |
|               | Will you be instal  | lling any outdoor signs                                 | Are there any existing signs of the property   |  |  |  |  |  |
| Miscellaneous | Will there be any   | outside storage (If yes, please explain items being     | stored and how being screened)   |  |  |  |  |  |
| iscella       | Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)  |   |  |  |  |  |  |  |
| M             | Please list the qua   | antities, types, and storage location of any chemica    | ls or hazardous materials that will be used for this business                              |  |  |  |  |  |
|               |   |   |  |  |  |  |  |  |
|               | I, the undersign<br>city department   | • •   | ss until my license is actually issued by this office indicating approval by all necessary |  |  |  |  |  |
| su            | •   | If any changes are made after completing said required. | d license application this office must be notified immediately and an updated is           |  |  |  |  |  |
| Regulations   | A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location         |   |  |  |  |  |  |  |
|               |   |   |  |  |  |  |  |  |
| Rules and     | Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation  |   |  |  |  |  |  |  |
| <b> </b>      | I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.           |   |  |  |  |  |  |  |
|               | truthfully is an a  |   | to my knowledge and benefit. I understand that famore to complete this form                |  |  |  |  |  |

| FEE STRUCTURE                    | FEE       | LICENSE TOTAL FEES                       |
|----------------------------------|-----------|--|
| Business License Fee             |           | Business License Annual Fee:             |
| Square Footage                   |           | Business License Pro-rated Fee:          |
| Number of Employees              |           | Business License Application/Update Fee: |
| Health Fee                       |           | Liquor License Annual Fee:               |
| Number of Rental Units           |           | Liquor License Pro-rated Fee:            |
| Number of Coin Operated Machines |           | Liquor License Application Fee:          |
| Number of Slot Machines          |           | Liquor License Investigation Fee:        |
| TOTAL FEES DUE:                  |           | Gaming License Quarterly Fee:            |
| Payment Type                     |           | Gaming License Application Fee:          |
| Received By                      | Date      | Fictitious Name Fee:                     |
| Date Applicant Fingerprinted     | By File # | Health Pre-Inspection Fee:               |
|                                  |           |  |

| Certi   | ficate of Business: Fictitious Firm Name  |                                    | Please Print or Type          |
|---------|---|------------------------------------|-------------------------------|
| Γhe un  | dersigned do hereby certify that(Name of individual   |                                    |                               |
|         | (Name of individua  | al, corporation, partnership, or t | rust)                         |
| ocated  | (Street Address of Business or Residence)   | is conducting bu                   | siness in Carson City,        |
| levada  | a, under the fictitious name of(Fictitious Firm Na  | me)                                |                               |
| y sigr  | at said firm is composed of the following person(s) whose<br>hing below I do solemnly swear (or affirm), under penalty<br>ent are true.   |                                    |                               |
| 1.      | Full Name and Title   | Signature                          | Date                          |
|         | Street Address  | City, State, Zip                   |                               |
|         | Mailing Address, if different from above  | City, State, Zip                   |                               |
| 2.      | Full Name and Title   | Signature                          | <br>Date                      |
|         | Street Address  | City, State, Zip                   |                               |
|         | Mailing Address, if different from above  | City, State, Zip                   |                               |
| 3.      | Full Name and Title   | Signature                          | Date                          |
|         | Street Address  | City, State, Zip                   |                               |
|         | Mailing Address, if different from above  | City, State, Zip                   |                               |
| 4.      | Full Name and Title   | Signature                          | Date                          |
|         | Street Address  | City, State, Zip                   |                               |
|         | Mailing Address, if different from above  | City, State, Zip                   |                               |
| _       | of  |                                    | a Notary Dublic in and fo     |
| ie saic | day of AD,, before me County and State, residing therein, duly commissioned and sw  | orn, personally appeared:          | a ivotally rublic III aliu 10 |
| e(she)  | to me to be the person(s) whose name subscribed to the within (they) has (have) executed the same freely and voluntarily and whereof, I have hereunto set my hand and affixed my official | for the uses and purposes          | therein mentioned. In         |
|         | Expiration date   |                                    |                               |

#### CARSON CITY PROVISIONS REGULATING HOME OCCUPATION

(FOR ADDRESSES LOCATED IN RESIDENTIAL ZONES)

The Home Occupation Provision is included in recognition of the needs of many people who are engaged in small business ventures which could not be sustained if it were necessary to lease commercial quarters for them, or which in the nature of the home occupation could not be expanded to full scale enterprise. It is the intent of the ordinance that full scale commercial or professional operations which would ordinarily be conducted in a commercial or industrial district continue to be conducted in such districts and not in residential districts.

In granting a business license, it is necessary to verify that the subject property will be used in conformance with the City's Zoning Ordinance. Please read the following information and complete the form as indicated. If you have any questions or require further information, call (775) 887-2180 or stop by the Planning and Community Development Department at 108 E. Proctor St.

Once this statement is signed, it will be come a part of your business license record with the City.

\_\_\_\_\_\_

<u>18.03.010 Home Occupation</u> means a use customarily carried on by a dwelling occupant and incidental to the primary residential use, providing such residential character of the property is not changed and is operated in compliance with 18.05 (Home Occupation).

**18.05.045 Home Occupation:** Uses which shall not be permitted as home occupations include barber and beauty shops, food processing or packaging, real estate and law offices, restaurants, cabinet shops, adult entertainment businesses, kennels (except for certified training of three or fewer service animals), vehicle repair or similar uses.

## ALL HOME OCCUPATIONS SHALL BE SUBJECT TO AND MUST COMPLY WITH SECTION 18.03.010 AND ALL THE FOLLOWING PROVISIONS OF THIS SECTION:

- 1. <u>Business license requirements.</u> All home occupations must obtain a Carson City business license and meet the requirements of this Section.
- 2. <u>Sale of merchandise.</u> Sale of goods, samples, materials, equipment or other objects on the premises is not permitted. Home occupations shall not conduct business in person with clients at the home address, with the exception of federally licensed gun dealers, required by federal regulations to conduct firearm sales at their home location.
- 3. <u>Size limits.</u> No more than 20% of the total ground floor area of the dwelling and accessory structure may be used for home occupation.
- 4. **Employees.** No on-site office staff or business personnel shall be permitted in any home occupation unless the employees are members of the resident family and reside on the premises.
- 5. Character. The characteristics of the structure shall not be altered, nor shall the occupation within the dwellings be conducted in a manner which would cause the premises to differ from its residential character either by the use of colors, materials, construction, lighting or by signs, or the emission of sounds, noises, dust, odors, fumes, smoke, electrical disturbance or vibrations, or disturbs the peace and general welfare of the area.
- 6. <u>Traffic.</u> Pedestrian and vehicular traffic shall be limited to that normally associated with residential districts. Deliveries from commercial suppliers may not be made more than once each week and the deliveries shall not restrict traffic circulation.

- 7. <u>Storage.</u> There shall be no outdoor storage of materials or equipment; no storage of toxic or hazardous materials, including ammunition and gunpowder; nor shall merchandise be visible from outside the dwelling.
- 8. <u>Location.</u> The home occupation shall be confined within the main building and/or accessory structure as a secondary use of the residential use. When conducted in a garage, the home occupation shall not permanently eliminate the use of the garage as a parking space for a car, nor shall the bay door be open while the home occupation is conducted within the garage.
- 9. <u>Use of facilities and utilities.</u> The use of utilities and community facilities shall be limited to that normally associated with the use of the property for residential purposes.
- 10. <u>Advertising.</u> There must not be any public advertising which calls attention to the fact that the dwelling is being used for business purposes. Telephone listings, business cards, or any other advertising of the business, shall not include the dwelling address. The name, telephone, and purpose of the home occupation may be advertised on not more than one vehicle which is operated by the resident or residents of the dwelling in conjunction with the business. The home address may appear on letterhead and invoices when the home address is also the business address.
- 11. <u>Electromagnetic interference.</u> Electrical or mechanical equipment which creates video or audio interference in customary residential electrical appliances or causes fluctuations in line voltage outside the dwelling unit is prohibited.
- 12. **<u>Fire safety.</u>** Activities conducted and equipment or material used or stored shall not adversely change the fire safety of the premises.
- 13. <u>Parking.</u> No parking or placement of commercial vehicles such as trucks, trailers, equipment or materials except one panel van or pickup truck, when used for personal transportation.

| Iwill be conducting business as  |                                  |
|--|----------------------------------|
| at my home address located at  | , I have read the above          |
| information and if granted a home occupation business license, I agree to set forth above. | comply with these regulations as |
| Signature of Applicant   |                                  |



## CARSON CITY SHERIFF'S OFFICE RESPONSIBLE PARTY INFORMATION

Kenneth Furlong Sheriff

#### DATE

| BUSINESS NAME       |                |   |
|---------------------|----------------|---|
| BUSINESS ADDRESS    |                |   |
|                     |                | - |
| BUSINESS PHONE      |                |   |
| BUSINESS MANAGER    | -              |   |
| AFTER H             | IOURS CONTACTS |   |
| NAME:               | PHONE:         |   |
| ALAI                | RM COMPANY     |   |
| NAME:               | PHONE:         |   |
| ADDRESS:            | PHONE:         |   |
|                     |                |   |
|                     |                |   |
|                     |                |   |
| Manager's Signature | Date           |   |

### -NOTICE-

## **To all Carson City Business Owners**

# Business equipment and assets are subject to Nevada personal property tax.

The Carson City Assessor's Office will send you an annual Statement of Personal Property every July 1, for equipment owned as of July 1 of the current year. Per Nevada Revised Statute 361.265, use the statement to report the date and cost of all equipment and assets used to operate/conduct your business.

| Your  | origi | inal costs also include:  |
|-------|-------|---|
|       |       | Transportation costs  |
|       |       | Installation/set up cost necessary to make the equipment operational                    |
| Your  | State | ement of Personal Property should include, but is not limited to the following:         |
|       |       | Assets fully depreciated out for IRS purposes but still in your possession              |
|       |       | Computers, laptops, printers, software/hardware upgrades, mainframe, plotters, scanners |
|       |       | Fax, copiers, postage machines, security equipment, etc                                 |
|       |       | Calculators, safes, cash registers, credit card machines, etc                           |
|       |       | Telephones/telephone system, music system, public address system, etc                   |
|       |       | Furnishings & fixtures: furniture, computer furniture, display racks, showcases         |
|       |       | Signs: indoor, outdoor, free standing, wall mounted, etc                                |
|       |       | Leasehold equipment: modifications made to the building to accommodate your business    |
|       |       | Machinery or equipment specific to your type of business                                |
|       |       | Items given to you or purchased used( estimate market value as of date you acquired)    |
|       |       | Equipment/assets, regardless of age, not previously reported                            |
|       |       | Equipment that is leased, loaned, stored, or held in our possession                     |
| Do no | t inc | lude:   |
|       |       | Inventory held for resale   |
|       |       | Vehicles licensed through the Department of Motor Vehicles                              |
|       |       | Consumables: pens, paper, cash register tape, cleaning supplies, etc                    |

The Assessor's Office is located at 201 N. Carson St #6.
Please call or stop by for an informational booklet.