



PROCEDURES FOR CHANGES TO ELKO CITY BUSINESS LICENSES

In accordance with Elko City Code 4-1-6, any changes made to an Elko City Business must be reported to the City of Elko Business License Department. **A new business license should be issued prior to opening a business in a new location within the city limits of Elko. Failure to do so may result in revocation of the license.** The attached application must be completed and returned to the Business License Department to make any changes to the existing license. Below are the instructions for making changes.

*****Please note if you are deleting an owner(s) do not use this form. An Owner Deletion Affidavit is required.***

All businesses are required to provide verification that the changes they are making have been made to their Nevada State Sales or Use Tax Permit and their Nevada State Business License prior to making changes with our office. Below is the contact information:

Nevada Department of Taxation: www.nvsilverflume.gov or www.tax.state.nv.us

Email: renoevents@tax.state.nv.us

Phone: 775-687-9999

Nevada Secretary of State: www.silverflume.gov or www.nvsos.gov

Phone: 775-684-5708

Business Name Change Requests: Complete the application and provide the required state verifications.

Change of Mailing Address: Complete the application and provide the required state verifications.

Entity Change (Structure): Complete the application and provide the required state verifications.

Additional Owner: Complete the application and provide the required state verifications.

Adding or Deleting business type(s). You can add, change or delete types shown on your license. Other information may be required by the Licensing Department.

Change of Physical Address: If the business is not located within the city limits of Elko the application is the only form required.

For businesses located within the City of Elko which are moving locations, the licensee must complete the application, provide the required state verifications and contact all the departments shown on the Approval Signature Form for inspections. Also, complete the City of Elko Public Utilities Questionnaire and the Central Dispatch Form.

If your business is currently located in your home within the city limits of Elko, or you will be changing your location to your home located in the city limits, you must complete the application and Central Dispatch Form. You will also be required to contact the City Planning Department to update or obtain a Home Occupation Permit which must be submitted with the application.

For a new ownership, the new Business License Application package must be submitted.

Submit completed forms to: **City of Elko Business License Department**
1751 College Avenue Elko, NV 89801

For questions call 775-777-7138 or email us at buslic@elkocitynv.gov. Or visit our website at www.elkocity.com.



Changes to an existing Business License Application

This application is for current Elko City Business Licensees requesting changes to their current license, please legibly print or type the information. **This form cannot be used when requesting a deletion of an owner.** Return to the address below.

Business Name: _____ License # _____

Please check the applicable box.

Business Name Change Request:

Previous Business Name

New Business Name

Change of Physical Business Address

(Inspections will be required for businesses located within city limits not in your home.) Approval form must be attached.

Previous Business Address

New Business Address

New Phone Number: _____

Change of Mailing Address

Previous Mailing Address

New Mailing Address

Entity Change (Structure)

Previous Entity
Sole Proprietor ___ Partnership ___
S. Corp ___ LLC ___
Privately Held Corp ___ LLP ___

New Entity
Sole Proprietor ___ Partnership ___
S. Corp ___ LLC ___
Privately Held Corp ___ LLP ___

Additional Owner(s) This form cannot be used when requesting a deletion of an owner.

Name	Percent Owned	Residence Address	Residence Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adding or deleting business type(s)

Previous Business type(s)

New Business type(s)

Signature of property owner (if different than applicant) _____ Date: _____

Signatures: Please sign acknowledging the change. All new additional owners must also sign. Attach extra page(s) if necessary.

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forge instrument for filing.

Signature of Owner

Print Name Date

Signature of Owner

Print Name Date

Signature of Owner

Print Name Date



**ELKO CITY BUSINESS LICENSE DEPARTMENT
 APPROVAL FORM FOR ADDRESS CHANGES ONLY
 1751 COLLEGE AVE. ELKO, NEVADA 89801
 PHONE: (775) 777-7138
 FAX: (775) 777-7129 EMAIL: buslic@ci.elko.nv.us**

Business Name _____ Date _____

Business Address _____

The business license applicant is required to obtain signatures from the departments listed below. Please contact each department to arrange an appointment.

1. _____
 Elko City Planning Department
 1751 College Ave. Elko, NV 89801
 775-777-7160

 Date Signed

2. _____
 Elko City Fire Marshal
 911 West Idaho Street. Elko, NV 89801
 775-777-7345

 Date Signed

3. _____
 Elko City Building Department
 1753 College Ave. Elko, NV 89801
 775-777-7220

 Date Signed
 (Please note the Building Department will not sign until the Fire Department has signed!)

4. _____
 Elko Development Department
 1755 College Ave. Elko, NV 89801
 775-777-7213

 Date Signed

5. _____ (for food & drink related businesses only)
 Public Health Department ID# _____
 1020 Ruby Vista Dr. Ste. 103 Elko, NV 89801 Expiration Date _____
 775-753-1138

6. _____
 Business License Department
 1751 College Ave. Elko, NV 89801
 775-777-7138

7. Proof provided from the Nevada Department of Taxation (to be completed by License Dept.)

Elko Central Dispatch Administrative Authority

Dear Business Owner,

The Central Dispatch Administrative Authority is working to serve the businesses of the area in an efficient manner. To accomplish this goal, we are contacting each business to obtain the information needed to update our records. Please fill out this form and return it to the Central Dispatch Administrative Authority at 725 Aspen Way, Elko NV 89801 or fax to (775) 738-5604.

This information is vital to assist the law enforcement agencies to better serve your business after hours. THIS INFORMATION WILL NOT BE RELEASED TO THE GENERAL PUBLIC. WE WILL ENTER IT INTO OUR COMPUTER SYSTEM TO BE USED FOR OFFICIAL PURPOSES ONLY.

Date _____

Business Name _____

Business Owner _____ Phone number _____

Business Phone Number _____

Business address _____

If this is an address change,

Previous address _____

If there is a problem with my business after hours, I would like the following people called. Please place in the order in which you wish notified first, second, etc. Please list at least two people if at all possible.

1 Name _____

Home Address _____

Home Phone/Cell _____

2 Name _____

Home Address _____

Home Phone/Cell _____

3 Name _____

Home Address _____

Home Phone/Cell _____

SPECIAL INSTRUCTIONS (IF ANY): (Example: Animal(s) on premises/hazardous materials/Alarm Company name and phone number if available. Any other information to aid in officer safety, or the safety of other emergency personnel responding.)

Should any information provided above change, please notify the Dispatch Center at 777-7300 as soon as possible. Updating this information assists us in providing the best service and protection possible for your business. Thank you for helping us to serve you better.

CENTRAL DISPATCH ADMINISTRATIVE AUTHORITY/911

725 Aspen Way Elko, NV 89801 (775)777-7300 (775)738-5604 Fax



City of Elko
Public Utilities
Annual Business Questionnaire

In accordance with the Clean Water Act, Title 40 of the Code of Federal Regulations (CFRs), the Nevada Administrative Code (NAC) and Elko City Code, all applicable businesses are required to submit a completed Commercial and Industrial User Questionnaire.

The following Business are required to complete this form **annually**:

- Any business that uses the City's water and/or sewer systems.
- Any business disposing of waste at the City's solid waste facility.

Fill out the Questionnaire completely, answering ALL questions.

If a question is not applicable to your facility, write "N/A".

Section I	General Business Information
Section II	Business Water Characterization
Section III	Sanitary Sewer Pretreatment
Section IV	Solid Waste Characterization
Section V	Stormwater Information
Section VI	Certification

If you have any questions, contact the Environmental Coordinator at EnvCo@ci.elko.nv.us or 775-777-7213.

Section I - General Business Information

Business Name: _____
 Facility Address: _____
 Mailing Address _____
 Authorized Representative: _____
 Title: _____
 Phone Number: _____
 Email Address: _____

d.b.a Business Name: _____
 NAICS/SIC Code: _____
 (6 digits/4 digits)
 Alternate Contact: _____
 Mailing Address: _____
 Title: _____
 Phone Number: _____
 Email Address: _____
 Hours of Operation: _____

Type of Business: Check all that apply

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Distribution/Warehouse	<input type="checkbox"/> Retail Sales - Non food
<input type="checkbox"/> Service	<input type="checkbox"/> Office Only	<input type="checkbox"/> Retail Sales-Food
<input type="checkbox"/> Medical	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Automotive		

Description of Business Activities Including Principle Product and Services: (Attach Additional Sheets if necessary)

Section II - Business Water Characterization

This section is to identify any liquid waste that may be regulated or requires Best Management Practices for discharge to the Sanitary Sewer or Stormwater systems. This section is also used to determine backflow prevention requirements.

Water Usage: Check all that apply

<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Irrigation
<input type="checkbox"/>	Boiler/Heating	<input type="checkbox"/>	Fire Sprinklers
<input type="checkbox"/>	Other: _____		

Disposal Methods: Check all that apply

<input type="checkbox"/>	Elko Sewer System	<input type="checkbox"/>	Hauled Off-Site	<input type="checkbox"/>	No wastewater generated
<input type="checkbox"/>	Direct Discharge to a ditch, river, gutter, etc.		<input type="checkbox"/>	Septic Tank/Leach Field	
<input type="checkbox"/>	Other: _____				

Are there backflow devices on site? Yes No
 How many on site? _____

What type of backflow devices are on site? (Attach Additional Sheets if necessary)

Type: _____
 Serial Number: _____
 System Protected: (Fire, Domestic, Irrigation, etc.) _____
 Last Inspection Date: _____
 Pass/Fail: _____

Type: _____
 Serial Number: _____
 System Protected: (Fire, Domestic, Irrigation, etc.) _____
 Last Inspection Date: _____
 Pass/Fail: _____

*****Include a copy of all documentation of testing from the last 12 months.*****

Elko City Code 9-1-16 (D-3-a) states: "The owner of any premises on which or on account of which, backflow prevention assemblies are installed shall have the assemblies tested by a certified person who has demonstrated competency in testing of these assemblies to the city of Elko. **Backflow prevention assemblies must be tested at least annually and immediately after installation, relocation or repair.** The city of Elko may require a more frequent testing schedule if it is determined to be necessary. No assembly shall be placed back in service unless it is function as required. A report in a form acceptable must be filed with the city of Elko each time an assembly is tested, relocated or repaired. The assemblies shall be serviced, overhauled, or replaced whenever they are found to be defective, and all costs of testing, repair and maintenance shall be born by the water user."

Section III - Sanitary Sewer Pretreatment - Industrial User Questionnaire

Are there any floor drains in the work area? (Y/N) _____

If yes, describe where:

Are the drains connected to Sewer or Storm Drain systems? (Y/N) _____

Is your wastewater treated prior to discharge? (Y/N) _____

If yes, what treatment does it receive? Check all that apply

<input type="checkbox"/>	Sand/Sedimentation Tank	<input type="checkbox"/>	Filtering
<input type="checkbox"/>	Grease Separation	<input type="checkbox"/>	Biological Treatment
<input type="checkbox"/>	pH Adjustment	<input type="checkbox"/>	Metals Treatment
<input type="checkbox"/>	Solvent Separation	<input type="checkbox"/>	Other: _____

If you have a grease interceptor, sand separator, or oil separator.....

What is its size? Dimensions: _____

Capacity: _____

Location: _____

What is the frequency of Maintenance? _____ per year.

*****Include a copy of all pumpage/maintenance reports or receipts from the last 12 months.*****

Does Your Business Activity Use or Generate any of the Following?

Chemical	Discharged to Sewer?	Discharged to Stormwater	Where discharged if neither? e.g. ground, ditch, collected etc.
Antifreeze/Glycol Compounds			
Petroleum Grease/Oils			
Vegetable Greases/Oils			
Acids/Corrosives			
Food Wastes			
Solvents (include Cleaning Solvents)			
Flammables/Explosives			
Pesticides/Herbicides			
Phenols			
Cyanides			
Metals/Metal Solutions			
Nitrogen Containing Compounds			
Organic Chemicals			
Hazardous Wastes			
Radioactive Isotopes			
Trucked or Hauled Wastes			
High Temperature Wastes			
Sulfides or H2S Generating Wastes			
High Total Dissolved Solids (TDS)			
Other Chemicals:			

Elko City Codes: 9-5-57(G) "Cleaning and maintenance records shall be kept by user and shall be made available for review by the director or authorized city staff at any time. Records of any analysis conducted on the water or other contents of the equipment shall be made available for review by the director or authorized city staff at the request of the director or authorized city staff. The director or authorized city staff may require submittal of maintenance records to the city for review at any time."

Section IV - Solid Waste Characterization

This section is to identify any solid waste that may be generated by the business and to identify reuse and recycling opportunities.

Solid Waste Streams:

	Yes/ No	Approximate %	Recycled, Reused, Landfill
Aluminum Cans			
Asbestos - Non-Friable			
Asbestos - Friable			
Asphalt			
Carcasses			
Cardboard			
Clean Fill			
Concrete			
Construction Waste			
E-waste (electronics)			
Equipment			
Food Waste			
Glass			
Grease (Automotive)			
Grease (Restaurants)			
Hazardous Waste			
Lightbulbs			
Medical Waste			
Metals			
Pallets/Wood			
Paper			
Plastics			
Rubber			
Sludge (type?)			
Textiles			
Tires			
Yard Waste			
Batteries:			
Lead Acid			
Lithium			
Nickel-Cadmium			
Alkaline			

Detail any recycling/reuse opportunities that your business participates. _____

Section V - Stormwater Information

Does Your Business have an Industrial Stormwater Discharge Permit? _____

If yes, provide permit number: _____

What stormwater Best Management Practices (BMPs) being used at your business? _____

Section VI - Certification

Failure to maintain pretreatment equipment and cross connection systems and produce documentation to the City of Elko will result in termination of City water/sewer service as per Elko City Codes 9-1-16(F) and 9-5-17.

Hazardous Waste Discharge Reporting Notification

Title 40 Part 403.12(p) of the Code of Federal Regulations and Section 444 or 445 of the Nevada Administrative Code includes requirements for any User to notify the City, the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR Part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other). The City requires this notification for a discharge of hazardous waste to the sanitary sewer system and the report shall be made immediately or immediately of learning of the discharge. Additional details of the reporting requirements and exemptions are included in the above referenced regulations.

"I certify that this document and all attachments were prepared under my direction or supervision and the formation submitted is, to the best of my knowledge and belief, true, accurate and complete."

Signature of Authorized Representative

Date

Printed Name

Title