



**CITY OF ELKO
GAMING LICENSE APPLICATION**

**1751 College Avenue
Elko, Nevada 89801**

Phone (775)777-7138 Fax (775)777-7129 Email:buslic@elkocitynv.gov

Pursuant to Elko City Ordinance, the undersigned hereby applies for a City of Elko Gaming License.

Applicant Name _____

Business Name of the premises to be licensed _____

Address of premises to be licensed _____

List number of tables or machines:

Twenty-one ___ @ \$60.00 _____

Black Jack ___ @ \$60.00 _____

Keno ___ @ \$60.00 _____

Roulette ___ @ \$60.00 _____

Craps ___ @ \$60.00 _____

Slot Machines ___ @ \$18.00 _____

Bingo, Klondyke ___ @ \$60.00 _____

Stud/Draw Poker ___ @ \$36.00 _____

Race Horse Keno ___ @ \$120.00 _____

Faro, Monte, Fan-Tan ___ @ \$60.00 _____

Seven-and-half, Big Injun ___ @ \$60.00 _____

Sports Book ___ @ \$120.00 _____

Total Fees _____

Signature of applicant/agent

Date

Please complete the attached Elko City Business License Application and return it with this application and a copy of your Nevada State Gaming License. Remit the total fees as stated above and an Elko City Gaming License will be issued for the current quarter and a renewal notice will be sent for each quarter thereafter.



CITY OF ELKO
BUSINESS LICENSE APPLICATION
1751 COLLEGE AVE. ELKO, NV 89801 www.elkocitynv.gov
PHONE: (775)777-7138 FAX: (775)777-7129 EMAIL: buslic@elkocitynv.gov

This application is for new businesses wishing to operate within the City limits of Elko only, please legibly print or type the information. Return the application to the office listed above.

1. Type of Business Entity: Sole Proprietor ___ S. Corp ___ Privately Held Corp. ___ Partnership ___ Limited Liability Partnership ___ Limited Liability Company ___ Other _____
2. Corporate Name _____
Corporate Telephone _____
3. Federal Tax Identification Number _____
4. Nevada State Business License Number _____
5. Corporate Address _____
Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code
6. Doing Business in Nevada as: _____
Business Telephone: _____ Cellular Telephone: _____
Email: _____ Fax: _____
7. Mailing Address _____
Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code
8. Physical Address _____
Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code

9. Name of All Owner(s), Partners, Corporate Officers, Members, etc. Attach additional sheets if necessary

Owner, Partner, Officer, Member, etc (Last, First, MI)	Residence Address	Title	Percent Owned	City, State, Zip	Residence Phone

10. Describe the Nature of Your Business in Detail. Include any State License Numbers i.e. Contractor's, Cosmetologist, Realtors, etc.: _____

11. If you have acquired the business from another owner or have changed the name of the business please list prior owner and/or prior name.

Previous Owner _____
 Previous Business Name _____

12. 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 forged instrument for filing.

Signature/Original	Print Name & Title	Date
Signature/Original	Print Name & Title	Date