



**City of Elko Business License Application Instructions**  
1751 College Ave. Elko, NV 89801  
Phone (775)777-7138 Fax (775)777-7129  
Email: buslic@elkocitynv.gov

Welcome to your new business venture in the City of Elko! This document outlines the process to obtain your Elko City Business License. According to Elko City Code 4-1-13, if you are conducting business either directly or indirectly inside the city limits of Elko, whether or not your actual business is located within the city limits, **you must obtain an Elko City Business License prior to opening the business.** This information is also available via our website at [www.elkocity.com](http://www.elkocity.com).

***It is important that prior to applying for a license for a business which will be located in the City limits of Elko, the applicant contacts the Elko City Planning Department for Zoning and Parking Requirements. They are located at the address above or their phone number is 775-777-7160.***

**State of Nevada Occupational Licensing:** Certain occupations operating in the State of Nevada are required to obtain licensing from the state (i.e. Contractors, Cosmetologists, Realtors, Finance Companies, etc.) This licensing must be obtained prior to applying for your Elko City license and ***a copy attached to your application.***

**State of Nevada Business License:** All businesses operating in the State of Nevada must obtain a state business license from the Secretary of State or apply for exempt status. ***Then provide a copy of the state license, confirmation letter or exemption letter with the City application.*** Please visit the Secretary of State's website at [www.nvsos.gov](http://www.nvsos.gov) or apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov), or call 775-684-5708.

**State of Nevada Department of Taxation:** Pursuant to NRS 268.095 (5) all new businesses must register with the Nevada Department of Taxation. Applicants must contact Taxation for a determination of requirements. ***Verification from Taxation must be provided to the City which may include a copy of a sales or use tax permit, a copy of a confirmation letter or exemption letter.*** You can contact the Nevada Department of Taxation at their website at [www.tax.state.nv.us](http://www.tax.state.nv.us) or apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov), via email at [www.renoevents@tax.state.nv.us](mailto:www.renoevents@tax.state.nv.us) or phone at 775-687-9999.

**Fictitious Firm Name:** Contact the Elko County Clerk for requirements for filing a fictitious firm name for your business. The number for the County Clerk's office is 775-753-4600.

**Elko City Water Dept.:** Please contact this department for questions regarding water billing for your business at 775-777-7135.

**Home-Based Businesses:** If your business operations will be operated out of your home located within the city limits of Elko, a Home Occupation Permit through the Elko City Planning Department is required prior to applying for your license. This office is located at the above address and the phone number is 775-777-7160. Please provide a copy of the Home Occupation Permit with your business license application.

**Food Service/Sales Businesses:** If your business sells or serves food or drink it must meet all requirements of the Nevada State Health Department. This department is located at 1020 Ruby Vista Dr. Suite 103, Elko. The phone number is 775-753-1138. Please contact them and ***provide a copy of your Health Permit with your business license application.***

**Inspections:** All new businesses located in the Elko City limits will require inspections from the City Fire, Building, Planning, and Development Departments. These departments will be notified by our office once a complete application is turned in to the Business License Department. If you have questions regarding inspection requirements a list of the departments will be provided at the end of this document. ***Please note if you have an Elko City home-based business or your business is not located inside the City limits of Elko the city inspections will not be required.***

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**BUSINESS LICENSE APPLICATION INSTRUCTIONS:**

Following are the steps for completing the application for a new business license.

1. Please complete the application. Please legibly print or type.
2. Please complete the Non-Residential Wastewater Pretreatment Questionnaire and return with the application. **(This is only for businesses with a physical commercial location in the City of Elko.)**
3. The enclosed Duties as an Elko City Licensee form outlines licensing requirements, please read, sign and date it.
4. The Affirmation of Compliance form must be completed by all applicants and signed in the presence of an Elko City employee, **or it must be notarized.**
5. The Central Dispatch form updates contact information that maybe used in the case of an emergency. Please complete this form if your business is **physically located** in the city limits.
6. The Nevada Safety form and the Sign Regulations are for your information.

Once the application has been completed, please turn it into the Business License Department at the address shown at the top of the instructions. The Business License Department will start the inspection process and your business will be notified by the inspectors of the date and time of inspection. Once inspections are completed and approved the Business License Department will contact you to pick up your license and pay the applicable fees. **If your business does not require the inspections, your license will be issued promptly upon receiving the complete application and payment.**

The fee for a new business license is \$34.50 plus a \$25.00 processing fee, unless your business is a Utility Company, Bank, Motel or Residential Property Rental those fees will be determined at our office. Payments may be made by cash, check, Visa, MasterCard or Discover Card. **We do not accept credit card payments over the phone.**

All business licenses are issued on a yearly basis. A renewal reminder will be mailed to you each year as a courtesy. If you do not receive the reminder you are responsible for renewing your license by the due date. Failure to renew your license by the required deadline will result in a 25% penalty after (30) thirty days and a 50% penalty after (60) sixty days and possible closure of your business.

*Failure to maintain compliance with all City, State and Federal regulations could result in the revocation/suspension of your Elko City Business License.*

**PLEASE CONTACT THE BUSINESS LICENSE DEPARTMENT PRIOR TO MAKING CHANGES TO YOUR BUSINESS SUCH AS OWNERSHIP CHANGES, RELOCATION, BUSINESS NAME CHANGE AND BUSINESS CLOSURE.**

\* Following are the inspection contact numbers:

|                               |              |
|-------------------------------|--------------|
| Elko City Fire Department     | 775-777-7352 |
| Elko City Building Department | 775-777-7220 |
| Elko City Planning Department | 775-777-7160 |
| Elko Development Department   | 775-777-7217 |



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

| Name (Last, First, MI) | Residence Address |                  |       |
|------------------------|-------------------|------------------|-------|
| _____                  | _____             | _____            | _____ |
| Title                  | Percent Owned     | City, State, Zip | Phone |
| _____                  | _____             | _____            | _____ |
| Name (Last, First, MI) | Residence Address |                  |       |
| _____                  | _____             | _____            | _____ |
| Title                  | Percent Owned     | City, State, Zip | Phone |
| _____                  | _____             | _____            | _____ |
| Name (Last, First, MI) | Residence Address |                  |       |
| _____                  | _____             | _____            | _____ |
| Title                  | Percent Owned     | City, State, Zip | 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. \_\_\_\_\_  
 Property Owner Signature (if other than Applicant)      Print Name      Date

|   |                    |       |
|---|--------------------|-------|
| 13. 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  |
| _____   | _____              | _____ |
| Signature Original  | Print Name & Title | Date  |
| _____   | _____              | _____ |



**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 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



## **DUTIES AS AN ELKO CITY BUSINESS LICENSEE**

**Please read and sign on the back page.**

The following information pertains to the Elko City Business License Ordinance regarding your duties as a licensee and the payment and renewal process. Please read this and sign that you understand and agree to the contents. This includes only significant portions of the ordinance; the entire ordinance is available at your request.

### **4-1-12 DUTIES OF LICENSEE AND INSPECTION AUTHORITY OF CITY PERSONNEL**

- A. Duties of licensee. Every licensee under this Chapter shall:
1. Ascertain and at all times comply with all Federal, State, County and/or Municipal laws, ordinances and regulations applicable to such licensed business.
  2. Prominently display the business license in licensee's place of business.
  3. Permit all reasonable inspections of his business and examination of his books by public authorities so authorized by law.
  4. Avoid all unlawful, improper or unnecessary acts, practices or conditions in the conduct of his business which do or may effect the public health, morals or welfare or constitute a public nuisance.
  5. Refrain from operating the licensed business in the City after expiration of the license or in such cases where the license is revoked, canceled, or suspended.
- B. Inspection authority of City Personnel. The City Clerk, Building Official, Fire Marshall, City Planner and the Chief of Police and their respective designees are authorized to make all investigations reasonably necessary for the enforcement of this Chapter and shall have the authority to inspect licenses, their business records, or premises to determine and enforce compliance with this Chapter. All persons authorized herein to inspect licensees and businesses shall have the authority to enter, with or without search warrant, at all reasonable times, the following premises:
1. Those for which a license is required.
  2. Those for which a license was issued and which, at the time of inspections, are operating under said license.
  3. Those for which the license has been revoked, canceled, or suspended.

### **4-1-13 GROUNDS FOR SUSPENSION, CANCELLATION OR REVOCATION OF BUSINESS LICENSE:**

Any business license issued pursuant to the provisions of the Chapter may be suspended, canceled or revoked for good cause by the Board of Supervisors.

- A. CAUSE. Good cause for such suspension, cancellation or revocation shall include, but is not limited to:
1. The existence of unsanitary conditions, noise, disturbances, or other conditions at, near or in the premises which causes or tends to create a public nuisance or which may injuriously affect the public health, safety or welfare.
  2. The commission of, or permitting or causing the commission of, any act in the operation of the business which is prohibited by any ordinances, rule or law of the City, State or Federal government.
  3. Fraudulent practices and misrepresentation in the operation of the business.
  4. Concealment or misrepresentation in procuring the business license.
  5. The business for which the license has been issued is unlawful or is prohibited by any ordinance, code, rule or law of the City, State of Nevada or Federal Government.
  6. The license was issued by mistake or is in violation of any of the provisions of this Chapter.
  7. The premises used to conduct said business has been condemned, declared a fire hazard or declared unsafe for business occupancy to applicable building and fire codes.
  8. The use of the premises for the business license violates the zoning ordinances or regulations of the City.

### **4-1-9 PAYMENT OF BUSINESS LICENSE FEES**

- A. When Payable. All regular business license fees shall be paid in full in advance upon the original issuance of the business license and annually thereafter at the office of the City Clerk in legal currency of the United States.
- B. Daily License. Daily licenses provided in this Chapter shall be due and payable in advance. The daily license shall cover a period of 12:00 midnight to 12:00 midnight of the next day.

- C. Penalty.
  1. If any license provided for by this Chapter is unpaid for more than thirty (30) days after the due date, a penalty of twenty-five (25%) of the annual fee shall be added and collected by the City Clerk or his/her designee.
  2. If any license provided for by this Chapter is unpaid for more than sixty (60) days after the due date, a penalty of fifty percent (50%) of the annual fee shall be added and collected by the City Clerk or his/her designee.
- D. City Attorney to Bring Suit for Delinquent License. The Board of Supervisors may at any time direct the City Attorney to bring a civil action in the name of the City for the recovery of the applicable business license fee against any person who engages in, conducts or carries on any business, game, profession or exhibition for which a license is required by the provisions of this Chapter without procuring such license and paying the prescribed license tax.
- E. Refunds. All licenses shall be issued for the period of time set forth in this Chapter and no license shall be entitled to a refund of any portion of the fee paid by reason of the termination of the licensed activity prior to the expiration of the time for which the license was issued.

**4-1-10 RENEWAL OF BUSINESS LICENSE:**

- A. Application for Renewal. One month before the expiration date of any business license, the City Clerk or his/her designee shall send a business license renewal application to all business licensed in the City. The application and appropriate business license fee must be returned to the City Clerk's office prior to the expiration date of the business license. Failure to notify any licensed business shall not be held to waive the requirement to file a renewal application or pay the license fee, and the actual receipt of such notice is in no way required.
- B. One month after the expiration date of any license, the City Clerk or his/her designee shall send a second notice and include an assessment of the twenty five percent (25%) penalty on the reported gross revenues.
- C. Two months after the expiration date of any license, the City Clerk or his/her designee shall send a third and final notice and include an assessment of the fifty percent (50%) penalty.
- D. All expired licenses in excess of sixty (60) days delinquency shall be served with a notice of such penalty and intent of City to publish in the local newspaper as operating without a business license in accordance with the provisions set forth in this Chapter.
- E. A notice of delinquency shall be served upon a licensee by delivery to the person at the business premises licensed, if the person is present. If the person is not present, service may be made by delivery to the person in actual charge of the premises at the time of service. If the business is closed, service may be made by mailing by certified mail with return receipt requested, the same to the person at the mailing address for the business as the same is shown on the current business license and by posting upon the front door. Delivery is effective upon a date of delivery or posting and mailing as the case may be.
- F. Report of Gross Revenues of the Business Required. Where the license fee for a renewed business license is calculated upon the gross revenues of the business, the applicant must state, under oath, the amount of business in terms of gross revenues which he did in the preceding year.
  - In the case of business making sales and rendering services, the gross revenue from both sales and services shall be considered the equivalent of gross sales.
  - The City Clerk or his/her designee may examine or cause to be examined, the books and accounts of any business required to file a renewal application for the purpose of verifying the amount of gross receipts reported for such business.
  - Any person who willfully files a false statement of gross sales/receipts shall be guilty of a misdemeanor and punishable as hereinafter in this code provided.
- G. Issuance of Business License by City Clerk. Upon approval of the application for renewal of a business license, and upon collection of the appropriate business license fee, The City Clerk or his/her designee shall issue the business license to the applicant.

**I have read and agree to abide by the ordinances set forth as an Elko City Business Licensee.**

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**SIGNATURE**

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**DATE**

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

|   |                            |  |                 |
|---|----------------------------|--|-----------------|
| <b>Business Name</b> (Include any name doing business as) | <b>Type of Business</b>    | <b>Business Telephone Number</b>       |                 |
| <b>Business Address</b>                                   | <b>City</b>                | <b>State</b>                           | <b>Zip Code</b> |
| <b>Federal Identification No.</b>                         | <b>Social Security No.</b> | <b>Contractor's Board License No.</b>  |                 |
| <b>Name of Principal Owner</b> (Please Print)             |                            | <b>Principal Owner's Telephone No.</b> |                 |
| <b>Principal Owner's Address</b>                          | <b>City</b>                | <b>State</b>                           | <b>Zip Code</b> |

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):

|                                   |                       |
|-----------------------------------|-----------------------|
| <b>Effective Date of Coverage</b> | <b>Account Number</b> |
|-----------------------------------|-----------------------|

( ) 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.

|                       |                           |
|-----------------------|---------------------------|
| <b>Effective Date</b> | <b>Certificate Number</b> |
|-----------------------|---------------------------|

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

|   |                                  |
|---|----------------------------------|
| <b>Name of Applicant</b> (Please Print) | <b>Applicant's Telephone No.</b> |
|---|----------------------------------|

|                                      |             |              |                 |
|--------------------------------------|-------------|--------------|-----------------|
| <b>Applicant's Residence Address</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |
|--------------------------------------|-------------|--------------|-----------------|

I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|  |                          |
|--|--------------------------|
| <b>Signature of Applicant</b> (To be signed in the presence of the business license office employee) | <b>Applicant's Title</b> |
|--|--------------------------|

|   |                               |
|---|-------------------------------|
| <b>Witness Signature</b> - (Business License Office Employee) | <b>Name of City or County</b> |
|---|-------------------------------|

**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\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

# Elko Central Dispatch Administrative Authority

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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

## NEVADA SAFETY AND HEALTH PROTECTION ON THE JOB

The Nevada Occupational Safety and Health Act, NRS Chapter 618, provides job safety and health protection for workers through the promotion of safe and healthful working conditions throughout the State of Nevada. Requirements of the Act include the following:

**EMPLOYERS:** Each employer shall furnish to each of his employees employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees; and shall comply with occupational safety and health standards adopted under the Act.

**EMPLOYEES:** Each employee shall comply with all occupational safety and health standards, rules, regulations and orders issued under the Act that apply to his own actions and conduct on the job. The Nevada Occupational Safety and Health Administration (Nevada OSHA) of the Division of Industrial Relations, Department of Business and Industry, has the primary responsibility for administering the Act. Nevada OSHA enforces occupational safety and health standards, and its Safety and Health Representatives/ Industrial Hygienists conduct jobsite inspections to ensure compliance with the Act.

**INSPECTION:** The Act requires that a representative of the employer and a representative authorized by the employees be given an opportunity to accompany the Nevada OSHA inspector for the purpose of aiding the inspection. Where there is no authorized employee representative, the Nevada OSHA Safety and Health Representative/ Industrial Hygienist must consult with a reasonable number of employees concerning safety and health conditions in the workplace.

**COMPLAINT:** Employees, public or private, or their representatives have the right to file a complaint with the nearest Nevada OSHA office requesting an inspection if they believe unsafe or unhealthful conditions exist in their workplace. Nevada OSHA will hold confidential names of employees complaining.

The Act provides that employees may not be discharged or discriminated against in any way for filing safety and health complaints or otherwise exercising their rights under the Act. An employee, public or private, who believes he has been discriminated against may file a complaint within thirty (30) days of the alleged discrimination with the nearest Nevada OSHA office or with Occupational Safety and Health Administration, U.S. Department of Labor, 71 Stevenson Street, P.O. Box 3766, San Francisco, CA 94119-3766.

**CITATIONS:** If upon inspection Nevada OSHA believes an employer has violated the Act, a citation alleging such violations will be issued to the employer. Each citation will specify a time period within which the alleged violation must be corrected. The Nevada OSHA citation must be prominently displayed at or near the place of alleged violation for three days, or until it is corrected, whichever is later, to warn employees of dangers that may exist there.

**PROPOSED PENALTY:** The Act provides for mandatory penalties against employers of up to \$7,000 for each serious violation and for optional penalties of up to \$7,000 for each nonserious violation. Penalties of up to \$7,000 per day may be proposed for failure to correct violations within the proposed time period. Also, any employer who willfully or repeatedly violates the Act may be assessed penalties of up to \$70,000 for each such violation.

Criminal penalties are also provided for in the Act. Any willful violation resulting in death of an employee, upon conviction, is punishable by a fine of not more than \$20,000 or by imprisonment for not more than six months, or by both. Conviction of any employer after a first conviction doubles these maximum penalties. Penalties may be proposed for public employers.

**VOLUNTARY ACTIVITY:** While providing penalties for violations, the Act also encourages efforts by labor and management, before a Nevada OSHA inspection, to reduce injuries and illnesses arising out of employment. The Nevada Occupational Safety and Health Administration of the Division of Industrial Relations, Department of Business and Industry, encourages employers and employees to reduce workplace hazards voluntarily and to develop and improve safety and health programs in all workplaces and industries. Such cooperative action would initially focus on the identification and elimination of hazards that could cause death, injury, or illness to employees and supervisors. Further information and assistance will be provided by Nevada OSHA to employees and employers upon request.

**MORE INFORMATION:** Additional information and copies of the Act, specific Nevada OSHA safety and health standards, and other applicable regulations may be obtained by calling or writing the nearest Nevada OSHA district office in the following locations: Southern Nevada - 1301 N. Green Valley Pkwy., Ste 200, Henderson, NV 89074 - Telephone: (702)486-9020 - Fax: (702)990-0358 Northern Nevada - 4600 Kietzke Lane, Ste F-153, Reno, NV 89502 - Telephone: (775)824-4600 - Fax: (775) 688-1378

NOTE: Persons wishing to register a complaint alleging inadequacy in the administration of the Nevada Occupational Safety and Health Plan may do so at the following address: OSHA, U.S. Dept of Labor, 71 Stevenson St., P.O. Box 3766, San Francisco, CA 94119-3766 - Telephone: (415)975-4310

**EMPLOYERS: This poster must be displayed prominently in the workplace.**