



## **PROCEDURES FOR CHANGES TO ELKO CITY BUSINESS LICENSES**

According to Elko City Code 4-1-6, when a change is made to an Elko City business, these changes must be reported to the Elko City Business License Department. The attached City of Elko Business License Application must be completed and returned to the Business License Department to make the necessary changes. Attached is the Approval Sign Off Sheet and if the physical address of the business, located in the Elko City limits, has changed all signatures must be obtained. If the physical address has changed and is located in the Elko City limits and is not in your home, then you will also need to complete the City of Elko Non-Residential Wastewater Discharge Questionnaire and the Central Dispatch Form which are enclosed. If the physical address has changed and is not in the City limits only the application should be submitted. There is no charge for making changes to your license

If your business is out of your home in the Elko City limits you must contact the Elko City Planning Department to obtain a Home Occupation Permit before a new license will be issued.

If your business is registered with the Nevada State Department of Taxation, you are required to submit verification that the changes have been submitted to the Department of Taxation. Below is the contact information for Taxation:

Nevada Department of Taxation Reno office  
Address: 4600 Kietzke Lane Building L, Suite 235 Reno, NV 89502  
Phone: 775-687-9999  
Fax: 775-688-1303  
Website: [www.tax.state.nv.us](http://www.tax.state.nv.us)  
Email: [renoontimes@tax.state.nv.us](mailto:renoontimes@tax.state.nv.us) List "Elko City Business License Change"  
in the subject line

The completed forms must be returned to: **City of Elko Business License Department**  
**1751 College Avenue**  
**Elko, NV 89801**

For more information contact the Elko City Business License Department at 775-777-7138. You may also visit our website at [www.buslic@ci.elko.nv.us](http://www.buslic@ci.elko.nv.us).

**\*If the business obtains new ownership the entire Elko City Business License Application must be completed by the new owner and the appropriate fees paid.**



**City of Elko, Nevada**  
**Business License Application**  
**1751 College Avenue**  
**Elko, NV 89801**  
**Phone (775)777-7138 Fax (775)777-7129**

Information on this form must be printed or typed.

1. Check all that apply:  New Business  Change in Location  Change in Name  Change in Mailing Address  
 Other \_\_\_\_\_

2. Corporate Name \_\_\_\_\_  
 Corporate Telephone \_\_\_\_\_

3. Federal Tax Identification Number \_\_\_\_\_

4. Corporate Address \_\_\_\_\_  
Street Number, Direction (N, S, E, W) Name, Suite, Unit or Apt. City, State, Zip Code

5. Business Name (dba) to be shown on the license: \_\_\_\_\_  
 Business Telephone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_

6. Mailing Address \_\_\_\_\_  
Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code

7. Physical Address \_\_\_\_\_  
Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code

8. Type of Business Entity:  Sole Proprietor  S. Corp  Privately Held Corp.  Partnership  
 Limited Liability Partnership  Limited Liability Company

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

Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
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Residence Address	City, State, Zip	Residence Phone
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Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
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Residence Address	City, State, Zip	Residence Phone
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Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
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Residence Address	City, State, Zip	Residence Phone
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10. Describe the Nature of Your Business in Detail. \_\_\_\_\_

11. If this business requires a State License (i.e. contractors, cosmetologists, realtors, etc.) list the license number and expiration date: \_\_\_\_\_

12. 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 \_\_\_\_\_

13. I certify the information provided in this application is true, correct and complete to the best of my knowledge and belief. If partnership more than one signature is required.

Signature/Original	Print Name & Title	Date
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Signature/Original	Print Name & Title	Date
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**ELKO CITY BUSINESS LICENSE DEPARTMENT**  
**APPROVAL FORM**  
**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 Fire Marshal  
911 West Idaho Street. Elko, NV 89801  
775-777-7345

2. \_\_\_\_\_ **(PLEASE NOTE: The Building Official will not sign  
off without the Fire Marshal's signature.)**  
Elko City Building Department  
1753 College Ave. Elko, NV 89801  
775-777-7220

3. \_\_\_\_\_  
Elko Development Department  
1755 College Ave. Elko, NV 89801  
775-777-7213

4. \_\_\_\_\_  
Public Health Department ID# \_\_\_\_\_  
1020 Ruby Vista Dr. Ste. 103 Elko, NV 89801 Expiration Date \_\_\_\_\_  
775-753-1138

5. \_\_\_\_\_  
Elko City Planning Department  
1751 College Ave. Elko, NV 89801  
775-777-7160

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

7. Type of proof provided from the Nevada Department of Taxation  
\_\_\_\_\_



**CITY OF ELKO NON-RESIDENTIAL WASTEWATER  
DISCHARGE QUESTIONNAIRE**

The City of Elko operates and maintains the Water Reclamation Facility (WRF) that serves the City's businesses and residents. Federal General Pretreatment Regulations listed in 40 CFR 403.2, aim to:

1. prevent the introduction into publicly owned treatment works (POTWs) of pollutants, including interference with its use or disposal of municipal sludge
2. prevent introduction into POTWs of pollutants that pass through the treatment works into receiving waters or that might otherwise be incompatibles with the treatment works
3. improve opportunities to reclaim and recycle municipal and industrial wastewaters and sludge(s)
4. reduce the health and environmental risk of pollution caused by the discharge of toxic pollutants to POTWs

In order to comply with state and federal regulations the City has approved a Pretreatment Ordinance (Ordinance 675), which includes a regular pretreatment inspection program. As part of this program the City of Elko requires all business owners to supply us with the information necessary to determine whether or not the business requires pretreatment before its waste stream can be discharged into the City's sewer system. Please complete the attached questionnaire and submit it with your Elko City Business License Application.

We recommend that each business owner determines if pretreatment is necessary for his / her business and verifies that all necessary pretreatment measures can be implemented at the business location **before** signing a lease or purchase agreement.

Should you have questions or need more information please contact the Environmental Coordinator at 775-777-7213.

**A. Contact Information:**

1. Business/Company Name \_\_\_\_\_

2. Water/Sewer Service Account Number (provided on your water bill): \_\_\_\_\_

3. Business Location: \_\_\_\_\_  
Street City State Zip

4. Business Mailing Address: \_\_\_\_\_  
Street City State Zip

5. Owner/Chief Executive Officer: \_\_\_\_\_  
Name Title

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

6. Person to be contacted about this questionnaire: \_\_\_\_\_  
Name Title

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

7. Person to be contacted in case of emergency (e.g. spillage): \_\_\_\_\_

Name

Title

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**B. Business Information:**

1. Description of Business Activity: \_\_\_\_\_

2. Industrial Activities:

If your business participates in any of the activities or utilizes any of the materials listed below please check the appropriate box. Please check the sewer disposal box if your business discharges any wastewater, sludge, or solids other than sanitary waste, sludge, or solids into the City of Elko's sewer collection system.

	Yes	No	Sewer Disposal
Adhesives	___	___	___
Automotive Painting	___	___	___
Automotive Repairs/Serviceing	___	___	___
Boiler Blowdown	___	___	___
Commercial Car Wash	___	___	___
Commercial Laundry	___	___	___
Cooling Water Blowdown	___	___	___
Demineralization (Reverse Osmosis /Exchange Resins)	___	___	___
Equipment Cleaning/Washing	___	___	___
Equipment Repairs/Serviceing	___	___	___
Film/X-ray Developing	___	___	___
Food Preparation	___	___	___
Gum/Wood Chemicals	___	___	___
Heavy Equipment Repairs/Serviceing	___	___	___
Hospital/Medical Clinic	___	___	___
Inorganic Chemicals	___	___	___
Laboratory (Medical, Science, Analytical, Soils, Assay, etc.)	___	___	___
Light Equipment Repairs/Serviceing	___	___	___
Printing	___	___	___
Radiator Repairs	___	___	___
Medical Health Services	___	___	___
Mine Support (Goods and Services)	___	___	___
Mineral Exploration (Drilling, Geology, Etc.)	___	___	___
Ore Mining	___	___	___
Organic Chemicals	___	___	___
Paint, Ink, Dyes	___	___	___
Pesticides, Herbicides, Biocides	___	___	___
Petroleum Products	___	___	___
Pharmaceuticals	___	___	___
Restaurant	___	___	___
Soaps, Detergents	___	___	___
Solvents, Cleaners	___	___	___
Other (describe below)	___	___	___

Description of "other" industrial activity/material \_\_\_\_\_

3. Does your business have floor drains? If yes, list all locations. \_\_\_\_\_

4. Does your business have any connections to the City's storm water drain collection system? \_\_\_\_\_

I certify that the information above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Central Dispatch Administrative Authority

725 Aspen Way

Elko, Nevada 89801

775-777-7300

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.

**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.**

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BUSINESS NAME

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PHONE NUMBER

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BUSINESS 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 #

2. NAME

HOME ADDRESS

HOME PHONE #

3. NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

4. NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

**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.

Please feel free to Fax this back to the center at 738-5604.

**CENTRAL DISPATCH ADMINISTRATIVE AUTHORITY**