

## CITY OF ELKO NEW BUSINESS LICENSE APPLICATION PROCESS

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 of Elko, you must obtain an Elko City Business License.

If you are conducting a business that requires any type of State licensing (i.e. Contractors or Realtors licensing) or permitting this must be obtained before a City Business License will be issued. Attach a copy of your State License to your Elko Business License application.

It is recommended that you register the name of your business with the Elko County Clerk's office. You may contact them at 775-753-4600.

Please contact the Nevada Secretary of State's office to determine if you are required to file for a Nevada State Business License with their office. You may contact them via their website at [www.nvsos.gov](http://www.nvsos.gov) or by phone at 775-684-5708.

If this license is for a commercial business in the City limits requiring water service you must contact the Elko City Water Department to determine the billing status. The Water Department phone number is 775-777-7135.

If you are planning on conducting your business from your home inside Elko City limits, you must first contact the City Planning Department regarding a Home Occupation Permit. The Planning Department is located at City Hall and the number is 775-777-7160.

Following are the steps necessary to complete the application. When completed return the application to the Elko City Business License Department at 1751 College Ave. Elko, NV 89801.

1. Complete the City of Elko Business License Application.
2. The attached Department Approval form shows phone numbers and addresses of all required signatures the licensee must obtain for a City business license. The signatures are required to confirm that the business has met all applicable City Building, Fire and Zoning codes. It also confirms compliance with any applicable State codes. **If there are code issues a license will not be issued until the business has met all required codes.**

**\*\* If your "fixed place" of business is located outside the City limits, or you have an approved Home Occupation Permit, the Planning, Building, Development and Fire Marshal signatures are not required. If you are not dealing with food it is not necessary to obtain the Health Department approval.**

3. Pursuant to NRS 268.095 (5) all new businesses must register with the Nevada Department of Taxation or provide verification that they are registered with the Taxation Department, or verification that they do not need to be registered. Enclosed is the application, instructions, phone numbers and email address for Taxation. A link is also attached to our website.
4. The Non-Residential Wastewater Pretreatment Questionnaire must be completed and returned with the application. (Only for those businesses physically located in the Elko City limits and not located in the home.)
5. The Child Support Form is required by the State of Nevada and must be completed by all applicants.
6. Please read through the Duties as an Elko City Business Licensee Form and sign on the back.
7. The Affirmation of Compliance must be completed and signed in the presence of an Elko City employee at the City office. If it cannot be signed in the presence of the employee it must be notarized.
8. If your business is located in the Elko City limits and is not out of your home, you must complete the Central Dispatch Form.
9. The cost for a new business license is \$34.50 with a one time processing fee of \$25.00. If the business is a bank, utility company, or housing rental (hotel, apartment, rooming house, trailer), those fees will be determined at the time the application is submitted. When you have completed all the required documentation and obtained the signatures, and fees are collected, you will be able to start your business and a business license will be issued to you promptly.
10. All business licenses are issued on a yearly basis based on your gross income within the Elko City limits. A renewal notice reminder will be mailed to you each year. However, if you do not receive the reminder, you are still responsible for renewing your license. Failure to renew your license by the required deadline will result in a 25% penalty after 30 days and a 50% penalty after sixty days and possible closure of your business.
11. Payments may be made by mail or in person, by check, cash, (no cash by mail) Visa or Mastercard. We do not accept credit card payments over the phone.

**You must notify the City of any changes in the business or if you are no longer in business.**

For questions regarding this process, or for a copy of the Business License Ordinance, contact the City Business License office at 775-777-7138. You may also visit our website at [elkocity.com](http://elkocity.com).



**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

_____	_____	_____
<small>Name (Last, First, MI)</small>	<small>Title (Owner, Officer, Member, etc.)</small>	<small>Percent Owned</small>

_____	_____	_____
<small>Residence Address</small>	<small>City, State, Zip</small>	<small>Residence Phone</small>

_____	_____	_____
<small>Name (Last, First, MI)</small>	<small>Title (Owner, Officer, Member, etc.)</small>	<small>Percent Owned</small>

_____	_____	_____
<small>Residence Address</small>	<small>City, State, Zip</small>	<small>Residence Phone</small>

_____	_____	_____
<small>Name (Last, First, MI)</small>	<small>Title (Owner, Officer, Member, etc.)</small>	<small>Percent Owned</small>

_____	_____	_____
<small>Residence Address</small>	<small>City, State, Zip</small>	<small>Residence Phone</small>

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.

_____	_____	_____
<small>Signature/Original</small>	<small>Print Name &amp; Title</small>	<small>Date</small>

_____	_____	_____
<small>Signature/Original</small>	<small>Print Name &amp; Title</small>	<small>Date</small>

**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 INSTRUCTIONS  
FOR FILING WITH THE NEVADA DEPARTMENT OF TAXATION**

The City of Elko requires all businesses to register with the Nevada Department of Taxation prior to the issuance of an Elko City Business License. Pursuant to NRS 268.095(5) the attached forms must be completed for the Department of Taxation and returned to the Reno office as shown below or they may be completed online. If you are not required to register with the Department of Taxation, the City must be provided with verification from the Department of Taxation stating that the business is not required to be registered. This verification can be provided either in writing, email or fax from the Department of Taxation. Below is the phone number, email and fax number for the Reno Department of Taxation office, please contact them regarding this portion of the Business License Application. The City of Elko Business License Department cannot assist with the completion of the Nevada Department of Taxation forms.

After the business has registered with the Nevada Department of Taxation or if the business is already registered, verification must be provided to the City before the Business License will be issued. Below is a list of documentation which may be presented as proof:

- A copy of your Nevada Business Registration with the Department of Taxation's validated received stamp on it.
- A copy of your Nevada State Sales Tax Permit.
- Proof of confirmation via email or fax from the Department of Taxation.
- Proof of confirmation from the Nevada Tax online system.
- An actual certificate signed by you and the Department of Taxation employee or notary.

Please be sure that contact is made to the Reno Department of Taxation at the following location:

Nevada Department of Taxation Reno Office

Address: 4600 Kietzke Lane Building L, Suite 235 Reno, NV 89502

Phone: 775-687-9979

Fax: 775-688-1303

Email: [renoontimes@tax.state.nv.us](mailto:renoontimes@tax.state.nv.us) List "Elko City Business License" in the subject line.

NOTE: If you are requesting changes to your Elko City Business License (i.e., change in location) and you are registered with the Nevada Department of Taxation, you will be required to submit verification that the changes have been submitted to the Department of Taxation.

## NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Completion of this form will provide the common information needed and/or required by participating state and local government agencies. Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

**WHO ACCEPTS THIS FORM?** The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Also, most local governments accept the form.

**WHAT OTHER INFORMATION MUST I PROVIDE?** When applying with the Department of Taxation: All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying with the Employment Security Division: If you employ agricultural or domestic workers or are a non-profit agency, you must complete a Supplemental Registration (NUCS-4058).

If you haven't yet received or applied for a Nevada State Business License, please contact the Nevada Secretary of State at (775) 684-5708 or visit their website at <http://nvsos.gov>.

### LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

1. **I Am Applying For:** Check the boxes that apply. Nevada has no central database for business registration. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
2. **Check All Box(es) That Apply.**
3. **Business Entity Type:** Indicate the structure and type of ownership of your business.
4. **Corporate/Entity Name:** Enter the name as registered with the Secretary of State for the State Business License. Include a telephone number.
5. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/business>. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
6. **Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
7. **Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
8. **E-mail Address / Website Address:** Enter Email and Website Address information.
9. **Nevada Business ID Number:** Enter the number as shown on your State Business License issued by the Secretary of State
10. **Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
11. **Location(s) of Nevada Business Operations:** Enter the complete location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations.
12. **Location of Business Records:** Enter the complete address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
13. **List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
14. **Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
15. **Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
16. **Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
17. **Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
18. **Signature Instructions:** **Make copies first and then sign each copy. Original signatures are required by each State and local agency. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.**

<b>Toll Free (In State) for All State of Nevada.....</b>	<b>800-992-0900</b>
<b>Nevada Department of Taxation: Online Registration: <a href="https://www.nevadatax.nv.gov">https://www.nevadatax.nv.gov</a> – Website: <a href="http://www.tax.state.nv.us">http://www.tax.state.nv.us</a></b>	
Las Vegas..... 555 E Washington Avenue • Suite 1300 • Las Vegas Nevada • 89101.....	(702) 486-2300
Reno..... 4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502.....	(775) 688-1295
Carson City.... 1550 College Parkway • Suite 115 • Carson City, NV • 89706.....	(775) 684-2000
<b>Nevada Employment Security Division (ESD): Online Registration: <a href="https://uitax.nvdetr.org">https://uitax.nvdetr.org</a> – Website: <a href="http://www.nvdetr.org">www.nvdetr.org</a></b>	
Las Vegas .....	(702) 486-0250
Reno .....	(702) 823-6680
Statewide (Mailing)..... 500 E Third Street • Carson City, NV • 89713-0030 .....	(775) 684-6300
If your business has or may have a discharge to the environment or needs a water appropriation permit, the following telephone numbers should be used for information concerning exemptions and to acquire applications:	
<b>Nevada Department of Conservation and Natural Resources: – Website: <a href="http://www.dcnr.nv.gov">www.dcnr.nv.gov</a></b>	
Environmental Protection Division .....	(775) 684-4670
Water Resources Division (Water Appropriation) .....	(775) 684-2800
<b>Nevada Department of Wildlife: (Industrial Artificial Pond Permit) – Website: <a href="http://www.ndow.org">www.ndow.org</a>.....</b>	<b>(775) 688-1500</b>
<b>Nevada Secretary of State: – Website: <a href="http://whynevada.com">http://whynevada.com</a> – a resource for Nevada.....</b>	<b>(775) 684-5708</b>
<b>Local Business License Departments:</b> To obtain the telephone numbers for local license departments, check the white pages of the telephone directory under the government name i.e. Clark County, Washoe County, Reno, etc.	

# NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print legibly in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business. Online registration is also available. See instructions.

<b>1</b>	<b>I Am Applying For:</b>		<input type="checkbox"/> Unemployment Insurance <small>*(Employment Security Division - ESD)</small>	<input type="checkbox"/> Sales/Use Tax Permit	<input type="checkbox"/> Modified Business Tax <small>*(Department of Taxation)</small>	<input type="checkbox"/> Local Business License
<b>* SEND A COPY TO EACH AGENCY</b>						
<b>2</b>	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Other		
	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address				
	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Add Location				
<b>3</b>	Business Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Publicly Traded Corp <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Government Entity					
	<input type="checkbox"/> S Corp. <input type="checkbox"/> Privately Held Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other					
<b>4</b>	Corporate/Entity Name (as shown on State Business License):			Corporate/Entity Telephone ( )	<b>5</b>	Federal Tax Identification Number
<b>6</b>	Corporate/Entity Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code +4		State of Incorporation or Formation
<b>7</b>	Nevada Name (DBA):			Business Telephone ( )	Fax ( )	
<b>8</b>	E-mail Address:	Website Address:		<b>9</b>	Nevada Business Identification #:	
<b>10</b>	Mailing Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code +4		
<b>11</b>	Location(s) of Nevada Business Operations:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code +4		
<b>12</b>	Location of Business Records:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code +4		Telephone Number: ( )
<b>13</b>	<b>List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.</b>					
	Last, First, MI :		Residence Address (Street)		Date of Birth	
	Title	Percent Owned	City, State, Zip +4		Residence Telephone	
	Last, First, MI :		Residence Address (Street)		Date of Birth	
	Title	Percent Owned	City, State, Zip +4		Residence Telephone	
	Last, First, MI :		Residence Address (Street)		Date of Birth	
	Title	Percent Owned	City, State, Zip +4		Residence Telephone	
	Responsible Local Contact ( Last, First, MI & Title ):		Residence Address (Street), City, State, Zip +4		Residence Telephone	
<b>14</b>	Date Business Started in Nevada	Date Nevada Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll	Number of Employees
<b>15</b>	<b>PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS</b>					
	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity	<input type="checkbox"/> Amusement Machines
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Alcohol
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leasing (Other than Employees)	<input type="checkbox"/> Gaming
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Tire Sales	<input type="checkbox"/> Supply/Use Temporary Workers	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit Number _____	<input type="checkbox"/> Other _____
<b>16</b>	<b>Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered.</b>					
	State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.					
<b>17</b>	<b>If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:</b>					
	Date Acquired/Changed:	Acquired/Changed by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> In Part		
	Name(s) of Previous Owner(s)			Previous Owner(s) Business Name		
	Address (Street)		City	State	Zip Code +4	
	Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:			Enter Previous Owner(s) ESD Account Number:		
<b>18</b>	<b>* Signatures must be that of a responsible party *</b>					
	<b>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.</b>					
	**Signature Responsible Party / Original		Print Name And Title		Date	
	**Signature Responsible Party / Original		Print Name And Title		Date	

**ORIGINAL SIGNATURES REQUIRED BY AGENCIES – KEEP A COPY FOR YOUR RECORDS**