



**CITY OF ELKO  
GAMING LICENSE APPLICATION  
1751 College Avenue  
Elko, Nevada 89801  
Phone (775)777-7138 Fax (775)777-7129**

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.

**ADDENDUM TO APPLICATION FOR RESTRICTED GAMING LICENSE**

This addendum is to be completed pursuant to NRS 463.200(3) by the owner or lessor of the premises, when the application would allow gaming operations to be conducted on premises not owned by the applicant:

Option 1:

I \_\_\_\_\_, being duly sworn, depose and say under penalty of perjury, that as the owner or lessor of the premises wherein or whereon gaming is to be conducted, that the consideration to be paid by the applicant for the use of the premises has been or will be increased because of the operation of gaming on the premises. The amount or manner of increase in consideration to be paid by the applicant is (or will be) as follows (describe in detail):

Option 2:

I, \_\_\_\_\_, being duly sworn, depose and say under penalty of perjury, that as the owner or lessor of the premises wherein or whereon gaming is to be conducted, that the consideration to be paid by the applicant for the use of the premises has **not** been or will **not** be increased because of the operation of gaming on the premises.

OWNER / LESSOR \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Title

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

\_\_\_\_\_, State of \_\_\_\_\_



**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

\_\_\_\_\_  
 Residence Address City, State, Zip Residence Phone

\_\_\_\_\_  
 Name (Last, First, MI) Title (Owner, Officer, Member, etc.) Percent Owned

\_\_\_\_\_  
 Residence Address City, State, Zip Residence Phone

\_\_\_\_\_  
 Name (Last, First, MI) Title (Owner, Officer, Member, etc.) Percent Owned

\_\_\_\_\_  
 Residence Address City, State, Zip Residence Phone

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

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