

STOREY COUNTY SHERIFF
 PO BOX 498, VIRGINIA CITY, NV 89440
 Phone (775) 847-0959 Fax (775) 847-0924

BUSINESS LICENSE

Please call the Sheriff's Office for instruction on what forms to use, if other State forms will be needed and the fee to pay.

To Calculate a License:

Determine the Category/(Multiple Categories May Apply)
 Calculate the Area and Employees if the Category is NOT Exempt
Application Fee \$25.00

ANNUAL FEE

- \$ 75.00 General License-For all other types not listed below
- \$ 150.00 Cabaret & live Entertainment
- \$ 250.00 Escort (Must have Brothel License)
- \$ 700.00 Fortunetelling, Palmistry (1-per 5000 population)
- \$ 100.00 Home Business(Exempt from Calculations)
- \$ 100.00 Independent Contractors, Professional
(Need copy of State Contractor License)
- \$1000.00 Liquor Investigation Fee + 500.00 each additional person
- \$ 100.00 Liquor, Off Sale (For Stores)
- \$ 500.00 Liquor, On Sale(Valid also for Off-Sale-Bar's)
- \$ 50.00 Liquor-Service Bar-Each
- \$ 135.00 Massage/Theraputic Services (Need proof-schooling)
- \$ 475.00 Mining, Excavation, Earth-Moving/Processing
- \$ 0 Non-Profit-proof of 501.c(x) Status (hand type license)
- \$ 75.00 Out of County
- \$ 250.00 Pawn (+100.00 if accept Motor Vehicle)
- \$ 475.00 Subdivision Sales(Commercial
- \$ 100.00 Transportation Companies

QUARTERLY FEES

- \$ 10.00 Alarms-per each alarm
- \$ 30.00 Gaming-per machine(Need State Gaming License)
- \$ 150.00 Gaming Table- per table(Need State Gaming License)
- \$ 18,750.00 Prostitution
- \$ % Gross Utilities Companies

OTHER LICENSES & FEES

- \$ 25.00 Special Events -5 day permit (Excluding -liquor)
- \$ 0 False Alarms Service Charge 1 to 4
- \$ 25.00 each False Alarm Service Charge 5 to 8
- \$ 50.00 each False Alarm Service Charge 9 or more

SQUARE FOOTAGE OF BUILDING OR SITE

- \$ 15.00 1 to 1,999
- \$ 31.00 2,000 to 2,999
- \$ 63.00 3,000 to 4,999
- \$ 94.00 5,000 to 7,499
- \$ 125.00 7,500 to 9,999
- \$ 188.00 10,000 to 24,999
- \$ 250.00 25,000 to 99,999
- \$ 500.00 100,000 to 499,999
- \$ 1,000.00 500,000 +

EXEMPT-Brothels, Cabaret, Fortunetelling, Special Events,
 Independent Contractors, Home Occupation, Out-of County.

**EMPLOYEES-(includes person engaged in the business
 Partners or Co-Owners, ETC)**

- \$ 25.00 1 to 5
 - \$ 40.00 5 to 10
 - \$ 75.00 11 to 25
 - \$ 125.00 26 to 50
 - \$ 125.00 + \$ 2.00 for each additional employee over 50
- EXEMPT-Brothels, Cabaret, Fortunetelling, Special Events,
 Independent Contractors, Home Occupation, Out-of County.

COMMERCIAL UNITS

- \$ 2.00 Per unit fee for apartments, storage units
 RV & MH spaces, pay-parking lot spaces
 Must have General License -also
- EXEMPT-the rental of three (3) or less Residential Units

Hand out Flyers on Street-Must go to Commissioners – against Ordinance.

Handyman License: Must charge hourly rate, Can Not Bid Jobs with out a Contractor License or Charge for Materials, No Structural Framing, No Electrical, No Plumbing, No Mechanical and NO Commercial Construction. (No work can be done that is a violation of NRS Chapter 624).

STOREY COUNTY BUSINESS LICENSE APPLICATION

Office Use Only:

DATE: _____ ACCOUNT NUMBER: _____ LICENSE DATES: _____ TO _____
 FEES SUBMITTED: _____ LICENSE CLASS: _____ SQ. FT: _____ EMP: _____
 Inspection Sheet _____ Home Occupation _____ Contractor License (State) _____
 No Inspections Required _____ Other Requirements: _____

1. <input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Adding Name to Business
2. Corporation Name: _____		3. Federal Tax Identification Number: _____	
4. Corporate Address: _____		Business Telephone # () _____	Fax # () _____
5. Doing Business in Nevada as: _____			
6. Mailing Address: _____			
7. Location of Business Operations: _____			
8. Location of Business Records: _____			Telephone # () _____
9. Location Business License is Displayed: _____			

10. Name of Owners(s), Partners, Corporate Officers, Etc. (If individual Ownership, list only one Owner.)

Name: (Last, First, MI) _____	Resident Address: (Street, City, State Zip) _____
Title: _____	Resident Telephone # () _____
Name: (Last, First, MI) _____	Resident Address: (Street, City, State Zip) _____

Name: (Last, First, MI) _____	Resident Address: (Street, City, State Zip) _____
Title: _____	Resident Telephone # () _____
Name: (Last, First, MI) _____	Resident Address: (Street, City, State Zip) _____

Name: (Last, First, MI) _____	Resident Address: (Street, City, State Zip) _____
Title: _____	Resident Telephone # () _____
Name: (Last, First, MI) _____	Resident Address: (Street, City, State Zip) _____

11. Name of Local Contact: (Last, First, MI) _____

Name: (Last, First, MI) _____	Resident Address: (Street, City, State Zip) _____
Title: _____	Resident Telephone # () _____

12. Date Business Started in Nevada _____	Commercial Building Square Feet: _____	Number of Units _____	Number of Employees _____
13. Describe the Nature Your Business: _____ _____ _____			
14. If you have acquired a Nevada Business or Changed ownership, please complete this section:			
Date Acquired: _____	Name(s) of Previous Owner(s): _____		

NOTE: You are not authorized to conduct any business in Storey County until all requirements for this Business License are fulfilled.

I CERTIFY THE INFORMATION PROVIDED IN THIS REGISTRATION FROM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____ Print Name: _____ Date Signed: _____

Official Use Only: Temporary Business License Issued: YES _____ NO _____ DATE _____

Date Inspection Turned in: _____ NO Inspection Required: _____

DATES: Building Dept Approval: _____ Fire Dept Approval: _____ Health Dept. Approval: _____ Other: _____

Commissioner Meeting: 1st READING DATE: _____ DATE APPROVED: _____

NOTES: _____

**STOREY COUNTY BUSINESS LICENSE
INSPECTION SHEET**

DATE APPLIED: _____ ACCOUNT NUMBER: _____
BUSINESS NAME: _____
RESPONSIBLE PARTY NAME: _____
BUSINESS PHYSICAL STREET ADDRESS: _____

The following departments must be contacted for an appointment for on-site inspections, if applicable, plans must be submitted for review before your inspection.

BUILDING DEPARTMENT: Conditional Approval: ___ YES
110 Toll Road, Virginia City Estimated Completion Date: _____
Phone No. (775) 847-0966 **(Inspector please attach copy of your inspection sheet with conditions)**
Inspector Signature: _____
Inspection Required Signature Date: _____
YES ___ NO ___
Final Approval Date: _____
Inspector Signature: _____

NOTES: _____

FIRE INSPECTION: Conditional Approval: ___ YES
(DONE BY BUILDING DEPT) Estimated Completion Date: _____
(Inspector please attach copy of your inspection sheet with conditions)
Inspector Signature: _____
Inspection Required Signature Date: _____
YES ___ NO ___
Final Approval Date: _____
Inspector Signature: _____

NOTES: _____

NV STATE HEALTH DEPT: Conditional Approval: ___ YES
1179 Fairview Drive, Carson City Estimated Completion Date: _____
Phone No. (775) 687-3787 **(Inspector please attach copy of your inspection sheet with conditions)**
Ext: 260 or 261 Inspector Signature: _____
Inspector Signature: _____
Signature Date: _____
Inspection Required
YES ___ NO ___
Final Approval Date: _____
Inspector Signature: _____

NOTES: _____

Conditional Approval- copy to Sheriff Office with Conditions, for consideration of a Temporary Business License. (Retain Original until all required inspections are final.)
Final Approval- Return White copy to Sheriff Business Office.

Received by Storey County Sheriff Office on this _____ day of _____, 20 ____
BY: _____.

Storey County
HOME OCCUPATION REQUIREMENTS

I, THE UNDERSIGNED, UNDERSTAND MY business License is for the explicit use of conducting business from my home by telephone or computer. Any other use may require fire and building code inspections by the local fire and building departments. I am not and will not store any products or materials in my home, nor will I permit the general public to enter my home to review or purchase any materials or products. I have read and understand that this business is subject to inspections and shall be required to comply with adopted codes and ordinances.

If at a later time I find the need to store products or materials in my home or have the general public enter my home I will be subject to the issuance of a Special Use Permit per Storey County Code 17.16.070. I will reapply for a new Business License with Storey County and be subject to inspection by the Fire and Building Departments.

Name of Business:

Business Address:

Phone: _____ Cell: _____ Fax:

Description of Business Activities:

Description of Work Product Being Sold:

Type and amounts of inventory and where inventory is being stored:

HOME BUSINESS

Applicants for a home business shall not include any of the following hazards or restricted uses as part of the business:

1. Hazardous chemicals or agents as defined in the Uniform Building Code and the Uniform Fire Code. Any Questions should be referred to the local Building or Fire Department.
2. Repair work on automotive and mechanical equipment of any kind. This shall include auto body repair, welding and cutting operations or open flame devices of any kind.
3. The dwelling shall not be used for educational purposes.
4. Child care/ Adult care for persons not related to the owner/occupant of the dwelling.

5. Nursing homes.
6. Lodging homes.
7. Any use that the personal liberties of persons are retrained.
8. Use of the dwelling as a hotel or apartment house of any kind.

I agree to comply with the above requirements. I realize that failure to comply may result in the suspension or revocation of my license and/or criminal prosecution.

Print Name	Signature	Date
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CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application)

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number: _____

Applicant Signature : _____

Date: _____

STOREY COUNTY SHERIFF'S OFFICE

DISPATCH CENTER INFORMATION

We need the following information on record at the Storey County Dispatch Center for emergency response. This information will help in getting viable and accurate response to your place of business in case of an emergency. As a safeguard to your business please keep a copy of this form on file and call Storey County Dispatch Center, as information needs to be updated.

Name of business: _____

Business Phone Number: () _____

Corporate main office phone number: (if different than above): () _____

Physical address of business: _____

Does this business produce hazardous materials? YES _____ NO _____

If yes what type? _____

What is the address at the rear of the building? _____

Is this a residence? YES _____ NO _____

Name of Alarm Company: _____

Alarm Company phone number: () _____

Type of alarm: (Circle all that apply) burglary, fire, medical, panic, silent, audible

Does this alarm reset itself? YES _____ NO _____

Is there a gun or dog on the premises? Dog _____ Gun _____ Neither _____

Emergency Contact Information:

1. Name of Responsible contact: _____

Emergency contact phone number/s: Home () _____ Cell () _____

Connection to the business: _____

Does this person have a key to the business and is willing to respond in case of an emergency?

(Circle all that apply) KEY WILL RESPOND NEITHER

2. Name of responsible contact: _____

Emergency contact phone number/s: Home () _____ Cell () _____

Connection to the business: _____

Does this person have a key to the business and is willing to respond in case of an emergency?

(Circle all that apply) KEY WILL RESPOND NEITHER

3. Building Owner name: _____

Emergency contact phone number/s: Home () _____ Cell () _____

Connection to the business: _____

Does this person have a key to the business and is willing to respond in case of an emergency?

(Circle all that apply) KEY WILL RESPOND NEITHER

Does the Sheriff's Department have a key to this building? YES _____ NO _____

Signature

Print Name

Date