LIQUOR AND GAMING LICENSE APPLICATION

1001 E. 9TH STREET, BUILDING A RENO, NEVADA 89512

> (775) 328-3733 www.washoecounty.us

INSTRUCTIONS AND REQUIREMENTS FOR WASHOE COUNTY LIQUOR AND GAMING LICENSE

All applicants must provide Business License with the following:

- 1. **LIQUOR/GAMING LICENSE APPLICATION**. This application is available online at www.onenv.us. When completing the application it is important to list all persons who are directly or indirectly involved in the business. Failure to list these individuals could result in denial of the application.
- 2. **PREMISES**. All applicants will be required to provide a copy of the lease (one year minimum), bill of sale or escrow instructions on the premises.
- 3. **NEVADA STATE TAXATION**. All applicants will need to provide a letter of clearance, stamp, email, or bill from the Nevada Department of Taxation with this application. Applicants may also provide e-clearance through the Nevada Secretary of State's Office online at www.nvsilverflume.gov. The Nevada Department of Taxation is located at 4600 Kietzke Ln., Building "L" #235, Reno, Nevada. Their phone number is (775) 687-9999 and their website is www.nvsilverflume.gov.
- 4. **STATE BUSINESS REGISTRATION**. All applicants need to register with the Nevada Secretary of State's for the state business registration. Their applications are online at www.nvsilverflume.gov or you may pick one up in our office. You may register with them online, by mail or in person at their office located at 202 North Carson Street in Carson City. Their phone number is (775) 684-5708.
- 5. **STATE INDUSTRIAL INSURANCE**. The applicant needs to complete a Nevada Industrial Insurance affirmation of compliance letter, even if you have no employees. Applicants may also provide e-clearance through the Nevada Secretary of State's Office online at www.nvsilverflume.gov. If you have employees and have questions, you will need to speak to the Nevada Industrial Insurance at 400 W. King St. #400, Carson City, Nevada or at (775) 684-7270.
- 6. **PARTNERSHIP AGREEMENT OR ARTICLES OF INCORPORATION**. If your business is formed under a partnership you are required to provide an executed copy of the partnership agreement. If under a corporation, you must register your corporation with the Nevada Secretary of State's Office and provide a copy of the articles of incorporation or corporate seal with your application to Washoe County.
- 7. **FICTITIOUS FIRM NAME**. If your business is utilizing a fictitious firm name (DBA), it must be registered with the Washoe County Clerk's Office for businesses located in Washoe County. You need to provide a copy of your fictitious name with your application. The Washoe County Clerk's Office is at 1001 E. 9^{th} St. Bldg A 1^{st} Floor, Reno, Nevada or at (775) 784-7287.
- 8. **PERSONAL HISTORY FORM**. Each owner, officer and director of the business applying for a Washoe County business license must complete a personal history form. All questions must be answered when completing this form and all convictions must be listed.
- 9. **CHILD SUPPORT STATEMENT**. Each owner of the business needs to complete the child support statement required by NRS 244.33506. Corporations and limited liability companies need to complete the child support exemption statement.
- 10. **INVESTIGATION**. Each owner, officer and director will be required to have a criminal history background check by going to the Washoe County Sheriff's Office to be fingerprinted. The Sheriff's Office will charge a fee for this investigation.
- 11. **APPROVALS AND AGENCY SIGN-OFFS**. Business License will provide you with information regarding certain federal, state, county, and city requirements. However, this service is informational and should not be construed as a final or complete interpretation of legal requirements, which must be obtained from the appropriate agency. The applicant will be directed to all applicable agencies for final approval. These agencies may charge fees for any inspections to be made.
- 12. **FEES**. All license fees will be remitted at the time the application is made. Checks are made payable to Washoe County Business License. Payment may also be made online by a credit or debit card.

NOTE: Certain employees of liquor and/or gaming establishments must possess valid work permits and/or alcohol education cards. Contact the Sheriff's Office at (775) 328-3032 for information on work permits and the Nevada Department of Taxation at (775) 687-9999 for information on alcohol education cards.





431 Prater Way PO Box 857 Sparks, NV 89432 (775) 353-2360 www.cityofsparks.us



1001 E. 9th St. – Bldg A Attn: Business License Reno, NV 89512 (775) 328-3733 www.oneny.us

I am applying for licensure in - City of Reno City of Sparks **Washoe County** Note to license applicant: Licensure by one jurisdiction does not guarantee a license with another jurisdictions. (Copies Accepted) Number of Personnel if **BUSINESS LICENSE APPLICATION** applying in City of Sparks Please type or print in black or blue ink only. Full Time Part Time **01)** Corporate Name/Business Name: 03) Reno Start Date: O2) Doing Business in Nevada as (DBA):_____ Suite #: _____ **05)** Federal Tax ID#(EIN): **04)** Business Location (no PO Boxes): **07)** State: ______**08)** Zip Code: _______**09)** Bus. Phone: _____ **06)** City: 10) Mailing Address: **11)** Bus. Fax: **16)** Business Entity Type: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Association **17)** Professional License #: **18)** Describe the nature of business to be conducted (be specific and complete): **19)** Location of Rentals: **[20]** Number of Rental Units: **[21]** First Year's Estimated Gross Receipts (Reno only): List Individual Licensee 25) Home Address: **26)** Alt Phone: **28)** State: **29)** Zip Code: **30)** DOB: List Individuals with Interest or Ownership in the Business 31) Full Name Address DOB Emergency Contact/Local Contact Information **33)** Phone: **32)** Name: Official Use Only Commercial 34) Has any applying individual, or any member of this applying firm, has been convicted in this ☐ Home Based state, or elsewhere, within the past ten years of any offense, not including minor traffic offenses? ☐ Not in City ☐ Admin Office ☐ Shared Space/Booth Rental ☐ Non-Profit Yes No If yes, please state the offense(s), the year of conviction(s), and the punishment assessed therefore: Total Amount Paid I, THE UNDERSIGNED, UNDERSTAND THAT: (1) IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; (2) THIS Date Paid _____ DOCUMENT IS AN APPLICATION ONLY AND CERTAIN CONDITIONS MUST BE MET BEFORE A BUSINESS LICENSE WILL BE ISSUED TO ME; (3) I CERTIFY THE INFORMATION SUBMITTED ON Receipt # AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. Sewer Account # **36)** Title: **37)** Date: 35) Licensee Signature: Parcel # License # Health Recommendation Other Recommendation Planning Recommendation Activity Type Effective Date

Expiration Date

LIQUOR LICENSE PERSONAL HISTORY

Name in full:		
First	Middle	Last
List ALL other names you have been kn	own by:	
Home address:Street	City	State 7in
	City	State Zip
Home phone number:		
Date of birth: Age:		
Drivers license no.:	State:	
Name of your present business or empl	oyer:	
Business address:Street	City	State
	ŕ	
Type of business:		
How long engaged in this business:		
Have you had any convictions in the pa		nplete the following:
Date of arrest Charge	Arresting Agency	Disposition
Have you ever had a liquor license or wrevocation of a liquor license or work por work permit?		
Yes No)	
If yes, where and what date:		
Tot Wilde reason:		
I, THE UNDERSIGNED, HAVE ANSWER MY KNOWLEDGE ALL ANSWERS ARE T OF ANY FALSE, MISLEADING OR INCOM THE FILING OF THE APPLICATION DO WHICH A LICENSE IS REQUIRED, AND ISSUED MAY ALSO BE A GROUNDS FOR	RUE AND CORRECT. I FURTHER U RRECT ANSWERS COULD RESULT I DES NOT AUTHORIZE THE CONDU D ANY CARRYING ON OF SUCH BU	NDERSTAND THAT DISCLOSURE N THE DENIAL OF THE LICENSE. ICTING OF ANY BUSINESS FOR
Signature of applicant		Date

WASHOE COUNTY BUSINESS LICENSE CHILD SUPPORT COMPLIANCE STATEMENT/EXEMPTION FORM

The Welfare Reform Act, as implemented by the 1997 session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation, all owners of this business are required to complete a Child Support Compliance Statement or Exemption Form depending on the business structure. Failure to complete and return this form will be cause to deny your business license application. Each owner of a non-exempt business is required to complete his/her own form.

STATEMENT					
1.	I am not subject to a court order for the support of a child.				
2.	2. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.				
3.	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.				
Business Name:					
	:				
Owner Name:					
	-Or-				
EXEMPTION					
1.	1. Multiple shareholder corporations				
2.	2. Limited Liability Company				
3.	Partnership registered with the State of Nevada				
Business Name:					
	::				
Authorized Signa	ture Date				

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS AFFIRMATION OF COMPLIANCE

WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS (Instructions with Definitions are located on reverse side)

Busin	ess Name (Include any name doing business as)	Type of Busin	iess	Business Telephone Number			
Busin	ess Address	City	State	Zip Code			
Feder	al Identification No.	Social Securi	ty No.	ontractor's Board License No.			
Name	of Principal Owner (Please Print)		Pr	incipal Owner's Telephone No.			
Princi	pal Owner's Address	City	State	Zip Code			
Ident	ified as: (Complete one section only)						
()	That the above identified business has obtained industrial workers' compensation insurance as required by Cha 616A to D, inclusive, of the Nevada Revised Statutes (NRS):						
	Effective Date of Coverage		Account Number				
()	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.						
	Effective Date		Certificate Number				
Name	I declare that I have the authority to act o operate said business as a (n): () Incomplete of Applicant (Please Print)		-) Corporation			
Annlie	cant's Residence Address	City	State	Zip Code			
Арри	cant's residence Address	City	State	Zip Code			
I do h	ereby affirm that the above information is true and	l correct.					
	DATED this day	y of	_, 20				
Signat	ture of Applicant (To be signed in the presence of the business	ss license office employee)	Aj	oplicant's Title			
Witne	ss Signature - (Business License Office Employee)	Name of City	or County				
	able to sign this document in the presence rized.	of a Business License E	imployee, the Applicant's	signature must be			
SUBS	SCRIBED and SWORN to before me on this	day of	, 20				
NOTA	ARY PUBLIC						

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees. One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolmen; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses, which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons. A business, which hires exempt persons, may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony.**

Definitions for Purposes of this Affirmation:

- "Applicant" is the person executing this document
- "Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.
- "Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.
 - "Type of Business" means the nature of the business...
- "Individual" is a person who operates a business which hires no employees, subcontractors, or independent contractors.
- "Partnership" is a business, which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.
- "Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.
- "Sole Proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations, which may or may not hire employees.