



**CITY OF MESQUITE**  
10 E MESQUITE BLVD  
MESQUITE, NV 89027  
P-702 346-5295 F-702 346-2908

## **BUSINESS LICENSE CHECK LIST**

**A license application will not be accepted unless it is completed**

The indicated (\*\*) paperwork is mandatory and must be attached:

\_\_\_\_\_ Completed [Business License Application](#)\*\*

\_\_\_\_\_ [State of Nevada Business License](#) issued by the Secretary of State\*\*

\_\_\_\_\_ Filed [Fictitious Name Record](#) or proof of incorporation in the State of Nevada\*\*  
(It is required by Nevada Revised Statutes (NRS 602.010) that every person doing business in the state of Nevada under an assumed or fictitious name that is different from the legal name of each person who owns an interest in the business must file with the County Clerk of each county in which the business is being conducted a certificate containing the information required by NRS 602.020)

\_\_\_\_\_ [State of Nevada Affirmation of Compliance](#) with Mandatory Industrial Insurance Requirements\*\*  
(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. One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors.)

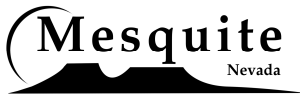
\_\_\_\_\_ Copy of ANY Nevada State License for your type of business license:  
[contractor](#), [real estate sales](#), [physician](#), [financial institution](#), [attorney](#), [etc.](#)

\_\_\_\_\_ Occupancy Permit from [Building Department](#), which includes [Fire Department](#) inspection (If maintaining a business location in the City of Mesquite)

\_\_\_\_\_ Occupancy Permit from [Southern Nevada Health District](#) (If required)

\_\_\_\_\_ Home Occupation Location Approval from [Planning Department](#) (If operating business from a residence, license required)

\_\_\_\_\_ Bond (If required, contact [Business Licensing](#) to verify)



## CITY OF MESQUITE BUSINESS LICENSE APPLICATION

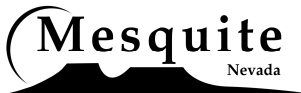
**Application must be completely filled out with all questions answered and signed by the applicant.**

**Use a separate sheet, if necessary, to complete all lists and schedules, such as list of ownership, etc.**

1. Indicate whether this license is for a:  
 New Business     Change in Ownership or Reorganization     Additional License
  
2. The undersigned hereby makes application for a City of Mesquite Business License:  
 (Each type of License requires a separate application)  
 Business     Gaming     Liquor     Privileged: \_\_\_\_\_
  
3. If applicant is replacing a license obtained under any other name in the previous license period, show the former name: \_\_\_\_\_
  
4. Are you doing business under a fictitious name?     Yes     No
  
5. Indicate business name to be used in Mesquite:  
 \_\_\_\_\_  
 Be sure to attach a copy of the RECORDED Clark County Fictitious Firm Name Form to this application.
  
6. Business or Corporation Name: \_\_\_\_\_  
 (Your name, if working for a licensed business such as a real estate agent, etc)
  
7. Physical Address of Business: \_\_\_\_\_
  
8. Mailing Address: \_\_\_\_\_
  
9. Business Telephone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
10. Location of Business Records: \_\_\_\_\_  
 (Provide Complete Physical Address if Different from #7 above.)
  
11. Type of Business Entity:  

Corporation _____	General Partnership _____
Limited Liability Corporation _____	Limited Liability Partnership _____
Limited Partnership _____	Sole Proprietor _____
Other _____	Please Describe: _____
  
12. If a Foreign Corporation:
  - a. Organized under the Laws of Which Sate? \_\_\_\_\_ When? \_\_\_\_\_
  - b. Qualified to do business in Nevada? \_\_\_\_\_ Date Filed? \_\_\_\_\_
  
13. List Names of Owner(s), Partners, Corporate Officers, Etc.  
 Provide Name, Address, Phone #, Title, and Percentage Owned.

NAME	TITLE	ADDRESS	PHONE	%



14. Will this business be conducted from your residence?  YES  NO

\*If YES, you must apply for a Home Occupation License along with your Business License.

15. Briefly describe the nature of your Business and means of marketing:

\_\_\_\_\_  
\_\_\_\_\_

16. State License No: \_\_\_\_\_ Classification: \_\_\_\_\_ Date Issued: \_\_\_\_\_

16a. State of Nevada Business License # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

17. Has the Applicant or any member of the Applicant group ever been refused a license of any type by:

The State of Nevada?  YES  NO

Any Other State?  YES  NO

If yes, where, and under what circumstances?

\_\_\_\_\_  
\_\_\_\_\_

18. Has the Applicant or any of the partners, association or corporate officers or directors ever been convicted of a crime, misdemeanor or violation of any municipal ordinance, excluding minor traffic violations where the fine is less than \$50.00?  YES  NO

If answer is YES, state the nature of *each* offense and penalty imposed:

\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following that may apply to your business:

\_\_\_\_\_ Alcohol Sales

\_\_\_\_\_ Amusement Machines

\_\_\_\_\_ Construction

\_\_\_\_\_ Delivery

\_\_\_\_\_ Environmental Discharge

\_\_\_\_\_ Financial Services

\_\_\_\_\_ Gaming

\_\_\_\_\_ Handy Man

\_\_\_\_\_ Hazardous Materials

\_\_\_\_\_ House Cleaning

\_\_\_\_\_ Lawn Maintenance

\_\_\_\_\_ Leasing

\_\_\_\_\_ Lodging

\_\_\_\_\_ Massage

\_\_\_\_\_ Manufacturing

\_\_\_\_\_ Medical Provider

\_\_\_\_\_ Not for Profit

\_\_\_\_\_ Restaurant (food sales)

\_\_\_\_\_ Real Estate Services

\_\_\_\_\_ Retail Sales – New

\_\_\_\_\_ Retail Sales - Used

\_\_\_\_\_ Share Office with another business

\_\_\_\_\_ Supply/Use Temporary Workers

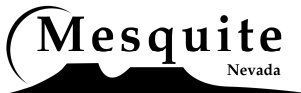
\_\_\_\_\_ Telephone Solicitation

\_\_\_\_\_ Mobile Vendor

\_\_\_\_\_ Vehicle Sales and/or Service

\_\_\_\_\_ Wholesale

\_\_\_\_\_ Mobile Car Wash \*See note below



19. If you have acquired a Nevada business or a change in ownership, please complete:  
 Date Acquired: \_\_\_\_\_ Acquired By: Purchase \_\_\_\_\_ Lease \_\_\_\_\_ Other \_\_\_\_\_  
 Name of Business: \_\_\_\_\_  
 Name of Previous Owner: \_\_\_\_\_
20. Has the Applicant, or any of the partners or corporate officers, ever filed bankruptcy?  
 YES  NO  
 If yes, where? \_\_\_\_\_  
 When? \_\_\_\_\_
21. Indicate whether you currently have or will have employees.  
 YES  NO If yes, how many? \_\_\_\_\_
22. I have \_\_\_\_\_ have not \_\_\_\_\_ met all requirements of all State of Nevada licensing agencies.

**I, the undersigned, have answered all questions in the above application, and to the best of my belief, all answers are true and correct. I understand that disclosure of any false or misleading information will result in automatic denial of the above mentioned license, or revocation of the license if such has already been issued.**

**I agree that the business operations described in this application will not commence until a business license is issued.**

\_\_\_\_\_  
 Owner Signature

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

\_\_\_\_\_  
 Date

- \* Mobile Car Wash applicants must comply with the following conditions:
- No water discharge shall enter storm drains or sewer system; water shall be contained on-site.
  - All work must be done outside of Public Right-of-Way.
  - All chemicals shall be environmentally safe to use.

\_\_\_\_\_  
 Your Initials Here



# CITY OF MESQUITE BUSINESS LICENSE APPLICATION

## STATE OF NEVADA CHILD SUPPORT COMPLIANCE STATEMENT

The Federal 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, you are required to complete this Statement and return it with your application. **Failure to complete and return this Statement will be cause to deny your business license application.**

**\*\*Please note that a complete statement includes a response, and signature(s) of the owner(s) listed on the business license application form.**

**Please mark the appropriate response** (failure to mark one of the three will result in the denial of your business license application).

- \_\_\_\_\_ 1. I am not subject to a court order for the support of a child.
- \_\_\_\_\_ 2. 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.
- \_\_\_\_\_ 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.

**Please provide the following information:**

Business Name: \_\_\_\_\_

**\*Signature required from each person listed as owner(s) on the Business License application.**

_____	_____
(Owner's Signature)	(Date)
_____	_____
(Owner's Signature)	(Date)

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

<b>Business Name</b> (Include any name doing business as)	<b>Type of Business</b>	<b>Business Telephone Number</b>	
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Federal Identification No.</b>	<b>Social Security No.</b>	<b>Contractor's Board License No.</b>	
<b>Name of Principal Owner</b> (Please Print)		<b>Principal Owner's Telephone No.</b>	
<b>Principal Owner's Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Identified as: (Complete one section only)

( ) That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

<b>Effective Date of Coverage</b>	<b>Account Number</b>
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( ) 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.

<b>Effective Date</b>	<b>Certificate Number</b>
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I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): ( ) Individual ( ) Sole Proprietor ( ) Partnership ( ) Corporation

<b>Name of Applicant</b> (Please Print)	<b>Applicant's Telephone No.</b>
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<b>Applicant's Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Signature of Applicant</b> (To be signed in the presence of the business license office employee)	<b>Applicant's Title</b>
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<b>Witness Signature</b> - (Business License Office Employee)	<b>Name of City or County</b>
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**If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.**

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY 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 patrolman; 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.

A Type of Business@ means the nature of 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.