

CITY OF WEST WENDOVER



BUSINESS LICENSE APPLICATION

NOTE: PRIOR TO SUBMITTING THIS BUSINESS LICENSE APPLICATION, PLEASE CONTACT (775) 664-3081 or abartlome@westwendovercity.com: BUSINESS LICENSE DEPT., TO MAKE CERTAIN YOU HAVE ALL THE REQUIRED SUPPORTING DOCUMENT COPIES THAT PERTAIN TO YOUR BUSINESS TYPE.

Thank you for your interest in business licensing with the City of West Wendover, Nevada. **Pursuant to NRS 244.335 (3)(4), NAC 364A.180, and Section 3-1-1 of the City Code, it is unlawful for any person to engage in or carry on any business, trade, or profession within the City limits without first procuring the license required for it.**

Below is a checklist to assist you with the licensing process and attached are forms that need to be returned to the Clerk's office prior to issuance of a business license. Also provided are names and numbers of other agencies that may assist you with the licensing process.

___ City License Application ___ Child Support Information Sheet ___ Compliance Sheet

___ Copy of Federal Tax ID and/or Social Security #

___ Copy of Nevada State Business License
Contact: Nevada Secretary of State
202 North Carson Street
Carson City, NV 89701

(775) 684-5708
<http://nvsilverflume.gov/>

___ Copy of Nevada Sales/Use Tax Permit
Contact: Nevada Department of Taxation
Reno Office
4600 Kietzke Lane, Building L, Suite 235
Reno, NV 89502

(775) 687-9999
(866) 962-3707 Call Center
<http://tax.nv.gov/>

(Or have them issue us a "Clearance" for your business.)

___ Copy of Nevada Worker's Compensation Insurance Certificate
Contact: Employer's Insurance Co. of Nevada
10375 Professional Circle
Reno, NV 89521-4802

(888) 682-6671
<http://www.employers.com/>

(Or Other Carrier Certificate)

1 or more employees

___ Copy of Incorporation, LLC or DBA (if applicable)
For Nevada Corporation information forms, contact:
Nevada Secretary of State
Commercial Recordings Division
202 North Carson Street
Carson City, NV 89701

(775) 684-5708
<http://sos.state.nv.us/>

___ Copy of Fictitious Name Registration (if applicable)
For Fictitious Name Registration forms, contact:
Elko County Clerk's Office
571 Idaho Street, 3rd Floor
Elko, NV 89801

(775) 753-4600

<http://www.elkocountynv.net/departments/clerk/clerk/forms.php>

___ Copy of all State Licenses and required bonds
(Contractors, Cosmetology, Gaming, Realtors, etc.)

_____ Copy of State of Nevada Department of Health Certificate (if applicable)
Contact: Nevada State Division of Health
1020 Ruby Vista Drive, Suite #103 (775) 753-1138
Elko, NV 89803

[http://dpbh.nv.gov/Reg/Food/dta/Forms/Food Establishments - Forms/](http://dpbh.nv.gov/Reg/Food/dta/Forms/Food_Establishments_-_Forms/)

_____ Copy of Rental or Lease Agreement for Business Location in West Wendover (if applicable)

_____ Liquor License application information (if applicable)
Background investigation required by the West Wendover Police Department & final approval by City Council.

_____ Sexually Oriented Business application information (if applicable)
Background investigation required by the West Wendover Police Department & final approval by City Council.

City licenses run on a fiscal year; beginning July 1st each year and expire on June 30th of the following year. Your license will expire June 30th and the City does not prorate fees or issue refunds. All licenses are non-transferable and require a minimum of 24 hours for processing.

City of West Wendover Annual Business License Fee Schedule

License fees as established by City of West Wendover Resolution No. 2007-02, to be remitted with the license application for each license required.

Business License Fees

A.	Casino	\$100.00 per year
B.	Restaurants	\$ 50.00 per year
C.	Cocktail Lounge (Bar)	\$ 50.00 per year
D.	Gift Shop	\$ 50.00 per year
E.	Hotel, Motel	\$ 50.00 per year
F.	Fuel Dispensing Entity (Gasoline, Diesel, etc.)	\$ 50.00 per year
G.	Garage for Repairs of Vehicles	\$ 50.00 per year
H.	Retail Store	\$ 50.00 per year
I.	Professional Office	\$ 50.00 per year
J.	Impound Yard	\$ 50.00 per year
K.	Vending Machines	\$ 50.00 per year
L.	Contractor (All Categories)	\$ 50.00 per year
M.	R.V. Park or Mobile Home Park	\$ 50.00 per year
N.	Apartment Complex	\$ 50.00 per year
O.	Laundromat	\$ 50.00 per year
P.	Freight Company	\$ 50.00 per year
Q.	Produce Company	\$ 50.00 per year
R.	Taxi Company	\$ 50.00 per year
S.	Companies with established regular route for delivery service	\$ 50.00 per year
T.	Transient Peddlers License	\$ 10.00 per day
U.	Special Events (without liquor)	\$ 10.00 per day
V.	Professional Services	\$ 50.00 per year
W.	Utility Companies	\$ 50.00 per year
X.	Industrial Facilities	\$100.00 per year
Y.	Amusement Facility	\$ 50.00 per year
Z.	General Miscellaneous Services	\$ 50.00 per year

Liquor License (Background check required)

General License

Initial License	\$120.00 per year
Renewal	\$ 50.00
Special Event Liquor License	\$ 30.00



City of West Wendover
Business License
P.O. Box 2825
1111 N. Gene L. Jones Way
West Wendover, NV 89883
abartlome@westwendovercity.com
(775) 664-3081
(775) 664-3720 fax

BUSINESS LICENSE APPLICATION

New Business Change in Ownership Change in Location Name Change

Business Information

Business Name: _____

Doing Business As (dba): _____
If different from above

Business Physical Location: _____
In West Wendover

Mailing Address: _____
 P.O. Box / Street City State Zip

Business Phone: _____ Business Fax: _____

Business E-Mail: _____

Sole Proprietor Partnership Corporation LLC Other

Applicant Name: _____ Phone: _____

Applicant E-Mail: _____

Type of Business: _____

Describe in Detail the Business Activity, Product(s) and/or Service(s) to be Provided (be as specific and complete as possible)[attach additional pages if needed]:

Please list the names and titles of all persons having an interest in the business, including representatives, owners, partners, and/or operators (attach additional pages if needed):

Have any of the persons listed above ever been convicted of a crime (other than a minor traffic violation)? Yes No

If "Yes" to the above, please describe the nature of the crime, the location and date of conviction:

Have any of the persons listed as having an interest in the business ever had a business license for the same or a similar business suspended, cancelled or revoked? Yes No

If "Yes" to the above, please state when and where any such license was revoked, suspended or cancelled:

Please provide the following numbers and attach copies when submitting the application.

Federal Tax ID (EIN) / Social Security #: _____

Nevada State Business #: _____

Nevada Sales & Use Tax #: _____

Nevada State Professional License # (if applicable): _____

Nevada Health Permit # (if applicable): _____

STATE OF Nevada)

)ss:

COUNTY OF Elko)

I, the undersigned, state that I am the owner or authorized agent for this business, and under penalties of perjury, state that the foregoing application is true, correct and complete to the best of my knowledge, information and belief. I further acknowledge that any falsehood or nondisclosure material to the application constitutes grounds for denial, revocation, or refusal to renew the license. In the event a business license has been issued and any of the above information is found to be false, I further understand this may result in an immediate suspension of said license pending a final determination by the West Wendover City Council. I further authorize the City of West Wendover to fully investigate any of the information provided herein.

I further agree that I will comply with all City, County, State and Federal licensing and regulations for my type of business. I also agree I will carry liability insurance to suit my business.

(Signature of Applicant and Title of Applicant)

(Business Name)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

(SEAL)

Notary Public or City Clerk

OFFICIAL USE ONLY
Date Paid: _____
Amount Paid: _____
Received By: _____
Business License #: _____

**PROFESSIONAL LICENSES
SUBJECT TO DENIAL OR RESTRICTION
FOR BACK CHILD SUPPORT**

Professional or occupational licenses, certificates, or permits may be denied or restricted if back child support is owed by the person obtaining or holding the license. The Business License issued by the City of West Wendover is subject to this new requirement mandated by the federal government of all states including Nevada.

Under the new procedure a district attorneys office or the Nevada Welfare Division will send a written notice to the person who:

1. Is past due in child support;
2. Fails to provide health coverage for a child; or
3. Fails to comply with a subpoena or warrant relating to child support proceedings.

The notice will be sent by certified mail, restricted delivery, return receipt requested. The person has 30 days to satisfy the past due support or comply with an approved repayment plan, provide the health coverage, or comply with the subpoena or warrant. Or the person may request a hearing challenging the finding that he/she owes back child support, has failed to provide health coverage, or is not complying with a subpoena or warrant in a child support proceeding.

If after a hearing is held the person is found to owe past child support, or fails to provide health coverage, or refuses to comply with a subpoena or warrant in a child support proceeding, the professional or occupational licensing agency will be notified by way of an "order to suspend." Upon receipt of the order to suspend, the professional or occupational licensing agency must suspend or restrict the professional license as determined in the hearing. The agency issuing the professional or occupational license, certificate, or permit shall reinstate the license after receiving information from the district attorney or welfare division that the person is in compliance with the child support requirements.

In addition, every application for a professional license must include a statement regarding the applicant's child support payment status. If the applicant fails to answer the questions or sign that portion of the application, the person's application, will not be processed. If the applicant fails to answer the questions or sign that portion of the application, the person's application will not be processed. If the applicant reports that he is not complying with a support order or approved repayment plan, then the applicant must make contact with the local district attorney's office or the Welfare Division to arrange for payment of child support.

CHILD SUPPORT INFORMATION

Please note that the City of West Wendover must deny any application or application for renewal that is submitted without an answer to one of the three responses listed below. If you mark the third response (meaning you are delinquent on a child support order), then we must deny the application. Please mark the appropriate response.

- _____ 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:

Signature of Applicant

Date

Senate Bill 356, implemented by the 1997 Session of the Nevada State Legislature and United States Federal Welfare Reform, requires that all business license applicants complete the proceeding document. This form is required for sole proprietors and all members of general partnerships. (Add additional pages if needed.)

CITY OF WEST WENDOVER
BUSINESS LICENSE APPROVAL / COMPLIANCE
SIGN-OFF SHEET

By signing the underlying sheet, I acknowledge that I have reviewed and/or inspected the application and/or facility of the proposed business and that the applicant has complied with all appropriate rules, regulations and codes, with regard to my area of jurisdiction. Therefore, I find no reason to withhold this business from receiving a City Business License.

WEST WENDOVER:

Department	Signature	Date
(All Required)		
1. Police Department (1111 N. Gene L. Jones Way – City Hall)	_____	_____
2. Fire Department (935 Wendover Boulevard)	_____	_____
3. Public Works (293 Industrial Way)	_____	_____
4. Community Development (Planning, Zoning, Licensing) (1111 N. Gene L. Jones Way – City Hall)	_____	_____
5. City Clerk (1111 N. Gene L. Jones Way – City Hall)	_____	_____

Other (*See Below)	Signature	Date
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

***Note to Applicant:** The City of West Wendover reserves the right to require any additional sign-offs that they may determine necessary to conduct business within the City. **Only original signatures will be accepted; not to be completed by facsimile or other means.**

(Estimated Time To Complete This Form: 5 Days Maximum.)

CITY OF WEST WENDOVER
AFTER HOUR / EMERGENCY CONTACT INFORMATION

Dear Business Owner:

The City of West Wendover is working to serve the businesses in an efficient manner. In order to provide the best possible service we need current information on responsible persons capable of being contacted after business hours. This information is vital to assist the Police Department to better serve your business after hours. This information will not be released to the general public and will be used only for official purposes only. Please type or print the information on this form.

BUSINESS INFORMATION

Business Name: _____

Business Address: _____
In West Wendover

Business Phone #: _____

RESPONSIBLE PERSONS

Name: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

Name: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

Name: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

If any of the above information changes, please contact West Wendover Dispatch at 775-664-4393 or the City Clerk at 775-664-3081.