CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406
Phone: (775) 423-5104
Fax: (775) 423-8874

BUSINESS LICENSE CHECKLIST

➢**BUSINESS LICENSE APPLICATION**. Please complete the application in its entirety.

➢**STATE BUSINESS LICENSE**. You must register with the Nevada Secretary of State for a Nevada state business license. You may register online at www.nvsilverflume.gov. You may also register in person at the Nevada Secretary of State, 202 North Carson Street, Carson City, Nevada. If you have questions regarding a Nevada state business license, please contact them at 775-684-5708. You will need to provide a copy of your State business license with your application.

➢**SALES/CONSUMER USE TAX PERMIT**. You must register with the Nevada Department of Taxation by completing the sales/use tax permit registration online at https://tax.nv.gov. If you have questions regarding the sales and use tax permit, please contact them at 775-684-2000 (Carson City) or 775-687-9999 (Reno). You will need to provide a copy of your proof of registration with your application or proof of exemption.

➢**WORKERS COMPENSATION INSURANCE**. You must provide proof of Worker's Compensation Insurance or complete a Nevada Industrial Insurance affirmation of compliance, even if you have no employees. If you have questions, please contact the Nevada Industrial Insurance, 400 West King Street, Suite 400, Carson City, Nevada or at 775 684-7260. You will need to provide a copy of the proof of coverage or the completed compliance form with your application

➢**PROOF OF BUSINESS NAME.** If your business is utilizing a fictitious firm name (DBA), you will need to provide a copy of your proof of business name with your application. If you business is located in the City of Fallon or Churchill County you can obtain a fictitious name by registering with the Churchill County Clerk/Treasurer's Office, 155 North Taylor Street, Fallon, Nevada.

➢**CERTIFICATE OF PROFESSION**. If you are required to have a Certificate of Profession (i.e. Contractor's License, Child Care, Practitioner, Liquor distribution/importation, Gaming, DMV registration/license, Cosmetologist, etc.) you will need to provide proof of any required licenses with your application.

➢**CHILD SUPPORT STATEMENT**. You must complete the Child Support Compliance Statement, included in this packet. (Sole Proprietor or Partnership only)

➢**OTHER LICENSING (Liquor, Gaming, Cabaret, Mobile Food Vendor)**.

- ❖ If your business will be serving or selling alcohol, you must complete the Liquor License Application.
- ❖ If your business permits dancing or will be providing live entertainment, you must complete the Cabaret License Application.
- ❖ If your business will be providing gambling games or gambling devices, you must complete the Gaming License Application.
- ❖ If your business will be selling any food or beverages from a mobile unit, you must complete the Mobile Food Vendor Application.

➢**SOLICITORS PERMIT**. If you will be going door to door, you must obtain a Solicitors Permit. This form can be obtained at the Fallon Police Department.

➢**HEALTH PERMIT**. A Health Permit is required for all businesses handling food, beverages, or cosmetics. Please contact the Central Nevada Health District at 775-666-0717 or 775-867-8181.

➢**APPROVALS AND AGENCY SIGN-OFFS**. For business located inside the City limits of the City of Fallon you will need to complete the sign-off form. 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. You will be directed to all applicable agencies for final approval. These agencies may charge fees for any inspections to be made. You must obtain agency approval on the sign-off form before your license can be issued.

➢**FEES**. The business license fee must be paid before your license can be issued.

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BUSINESS LICENSE APPLICATION

Application Type: ☐ New ☐ Owner Change ☐ Name Change ☐ Manager Change ☐ Location Change

Application Name: _____ _____ _____ Date of Application: _____
Last First MI

Applicant's Title : _____ Phone: _____

Home Address: _____
City State Zip

Business Entity Type: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ DBA
☐ Corporation ☐ Association ☐ Other: _____

Business Name: _____

Business Owner(s): _____ Phone: _____

Business Manager: _____ Phone: _____

Business Address: _____
City State Zip

Mailing Address: _____
City State Zip

Is this a Home Based Business: ☐ Yes ☐ No If "Yes", you will be subject to the City's small commercial electric rates.

Business Phone Number: _____ Business Fax Number: _____

Email Address: _____

Federal Tax ID: _____ NV Business License Number: _____

Sales/Use Tax ID: _____ Nevada Contractor Number: _____

County Number: _____

Business Activity: _____

I certify that the business stated above, anticipates annual gross sales of:

	Annual Gross Receipts	License Fee
☐	Between $0.00 and $24,999.00	$50.00
☐	Between $25,000.00 and $99,999.00	$100.00
☐	Between $100,000.00 and $249,999.00	$150.00
☐	Between $250,000.00 and $499,999.00	$200.00
☐	Between $500,000.00 and $749,999.00	$250.00
☐	Between $750,000.00 and $999,999.00	$300.00
☐	Over $1,000,000.00. For each additional $500,000 of gross receipts, the fee shall be increased by $125 (Example: $1,768,593.00 = $550.00 License Fee)	
☐	Change of Owner, Manager, Name or Location = $5.00 fee **TOTAL LICENSE FEE**	

I declare under penalty of perjury that the foregoing is true and correct:

1. That I have read and reviewed a copy of Chapter 5.04 of the Fallon Municipal Code – Business Licenses;
2. That upon approval of a Business License, I will conduct the business and business establishment in accordance with the provisions of the laws of the State of Nevada, the United States, and the ordinances of the City of Fallon applicable to the conduct of business; and
3. That the above information is true and correct to the best of my knowledge and belief and that such declaration is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a business license.

_____
Applicant's Signature

update 6/20/25

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CHILD SUPPORT COMPLIANCE STATEMENT

In compliance with State and Federal law, applicants applying for a Business License are required to complete and submit this Child Support Information Statement with their Business License Application. Failure to complete this form will be an automatic denial of any license, certificate or permit that you are applying for.

☐ 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 in compliance with the order or 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 **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. ** *Note: If you have marked this response you should contact the District Attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the Order.*

I certify, under penalty of perjury to the truth and accuracy of all statements contained herein.

Signature: _____

Printed Name: _____

Social Security Number: _____

Date: _____

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BUSINESS LICENSE
LOCATION APPROVAL FORM

The following signatures indicating compliance with applicable health, safety zones, and building standards must be secured by the applicant before a City of Fallon business license can be issued.

Business Name: _____

Business Address: _____

Applicant's Name: _____

(24 HOUR NOTICE MAY BE REQUIRED)

City of Fallon Building Department
Gary Johnson, Building Inspector
55 West Williams Avenue, Fallon, Nevada 89406
Office: 775-423-5107
Cell: 775-217-5967

Approved By: _____ Date: _____

City of Fallon Engineering Department
Derek Zimney
55 West Williams Avenue, Fallon, Nevada 89406
Office: 775-423-5107

Approved By: _____ Date: _____

City of Fallon/Churchill County Fire Department
Brad Dolan, Fire Marshall
20 North Carson Street, Fallon, Nevada 89406
Office: 775-423-0665
Cell: 775-232-0826

Approved By: _____ Date: _____

SALE OF CONSUMABLE ITEMS, MUST BE APPROVED BY THE HEALTH DEPARTMENT

Central Nevada Health District
485 W B Street, Fallon, Nevada 89406
Maria Menjivar 775-427-3942
Office 775-867-8181

Approved By: _____ Date: _____

OFFICIAL USE ONLY:

Account No. _____ License No. _____ Zone: _____

Reviewed By: _____ Payment Received By: _____

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Pursuant NRS 244.33505 and NRS 268.0955)

Business Name (Include any name doing business as)		**Type of Business**	**Business Telephone Number**
Business Address	**City**	**State**	**Zip Code**
Federal Identification Number		**Contractor's Board License Number**	
Name of Principal Owner (Please Print)		**Principal Owner's Telephone Number**	
Principal Owner's Address	**City**	**State**	**Zip Code**

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):

_____ _____
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

I declare that I have 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

_____ _____
Name of Applicant (Please Print) Applicant's Telephone Number

_____ _____ _____ _____
Applicant's Residence Address City State Zip Code

1. If executed in Nevada: Pursuant to Nevada Revised Statutes (NRS) 53.045, I declare under penalty of perjury that the foregoing is true and correct.

   Executed on _____ _____
   (date) (signature)

2. Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the forgoing is true and correct.

   Executed on _____ _____
   (date) (signature)

Form instruction and general information:

1. The top section will be completed with information about the business and ownership.
2. The middle section consists of three boxes. Only one box must be checked. Check the first box, if the business has obtained workers' compensation insurance. Please provide the insurance policy effective date and policy number where indicated. Check the second box, if the business meets one of the statutory exemptions or the business has no employees nor hires any contractors/sub-contractors. Check the third box, if the business is self-insured with a valid certificate of insurance. Please provide the self-insured policy effective date and certificate number where indicated.
3. The next to bottom section please check the appropriate box indicating the license application type. Provide applicant information as indicated.
4. The bottom section contains two signature lines. Only one applicant signature and date will be provided. If the form is executed in Nevada, applicant will sign and date the first line. If the form is executed outside of Nevada, applicant will sign and date the second line.

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.