



City of Henderson

Business Registration – Non-Privileged

240 S. Water Street, Henderson, NV 89015 (702-267-1730)

Business Information

Mark all that apply:

☐ New Business ☐ Change in Ownership or Reorganization¹ ☐ Change in Name¹ ☐ Change in Location²

☐ Additional, or Change to, Business Activity for Currently Licensed Business

(In the area below, clearly describe all business activities.)

Type of Business Organization:

☐ Sole Proprietor

☐ Corporation

☐ Limited Liability Company

☐ General Partnership

☐ Limited Partnership

Name of Applicant (as filed with nvsos.gov):

Nevada Business ID: NV

Anticipated Opening Date in Henderson:

Business Name (DBA):

¹ Previous Business Name/Ownership:

Email Address:

Phone:

Street Address:

City, State, Zip:

Mailing Address:

City, State, Zip:

Property Owner:

If Operating within Another Business, Provide Name of Business:

² Previous Business Address:

Primary Business Contact Information

Name:

Phone:

Email:

Business Activities (check all that apply)

☐ Bookkeeping

☐ Counseling

☐ Reflexology (Therapist)

☐ Check Cashing

☐ Interior Design

☐ Tobacco Paraphernalia

☐ Contractor

☐ Massage (Therapist)

☐ Tobacco Sales

☐ Cosmetology

☐ Product Sales (New)

☐ Other _____

Business Description: Provide a concise description of the business activities to be conducted. Be certain that all phases of the business to be transacted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for denial of the license or the revocation of the license. Attach separate sheet if necessary.

Gross Revenue Declaration:

(If applicable to classification)

Quantity Declaration:

(# of professionals, vehicles, stations, chairs, etc.)

Owner(s), Partner(s), Corporate Officer(s), Etc.

Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:

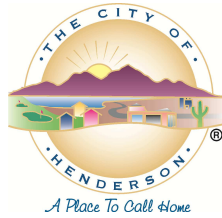
Certification:

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 further understand that disclosure of any false or misleading information or any incomplete answers in the above could result in automatic denial, or revocation, of the license if already issued:

In addition, I acknowledge and understand the following:

1. I cannot commence operation until such time as the required department approvals have been obtained, including but not limited to a Health Permit and filing with the Nevada Department of Taxation, where applicable.
2. I cannot commence operation until approval is received from the Business Operations Division.
3. I must notify the Business Operations Division, in writing, of any change including business name, addresses, ownership, corporate officers, management or key employee, where applicable.
4. I may not operate the business for which this application is made at any other address than that listed on this application.
5. I am solely responsible for maintaining current and active licenses applicable to the operation of our business, including ensuring the payment of fees in accordance with the appropriate licensing categories.
6. I accept that payment must be received by the City prior to their respective due date and that a postmark shall not be recognized as meeting the receipt requirement.
7. I am not required to be notified by the Business Operations Division when license fees are due and payable and failure by the Division to provide such notification does not constitute a waiver of the payment of license or delinquency fees.
8. I may be subject to issuance of a misdemeanor citation for each and every day I am in violation of any of the above.
9. Should this application be granted, I accept same subject terms and provisions thereof and further acknowledge that I am subject to all current provisions of Title 4 of the Henderson Municipal Code as well as such rules and regulations as may at any time be adopted or enacted by the City Council of the City of Henderson, Nevada and specifically agree to observe and keep all of the provisions of such ordinances.

Signature of Applicant:**Date:**



BUSINESS OWNERSHIP INTEREST AND CONTROL DISCLOSURE FORM

The information required on this form is pursuant to HMC Chapter 4.04. Please provide the full legal name of the following (use additional copies of this form if necessary):

- i) all individuals (including owners, partners, officers, managers, and directors) and corporations, companies, organizations, or other business entities, with an ownership interest (stock, equity in capital, or profit interest) in the business Applicant or the Owner(s) as shown on the Business Registration Form; and
- ii) all individuals, agents, managing employees, and management companies with the authority to legally or financially bind the business.

Name	Relationship	Percentage of Ownership Interest

By signing this Business Ownership Interest and Control Disclosure Form, I attest that I have knowledge of the information provided herein, and that the ownership and control information is complete and accurate with respect to the Applicant or Owner(s) shown on the Business Registration Form. I further understand that any change in this information must be provided to the Business Operations Division within the time provided in HMC 4.04.125.

Applicant/Owner/Representative Signature

Date

Printed Name

Business Name (D.B.A.)

CITY HALL, 240 WATER STREET, HENDERSON, NV 89015
BUSINESS OPERATIONS DIVISION, Phone: 702-267-1730
Fax: 702-267-1704

Proposed Business Name/DBA _____

Applicant/Contact Name _____

Proposed Business Address _____ ☐ Executive Suite

Primary Phone _____ ☐ Business ☐ Cell Email: _____

☐ New Business ☐ Change of Ownership ☐ Change of Address ☐ Update Business Activity ☐ Special Event

Concisely describe the specific business activity:

Does the business use or store hazardous materials/chemicals? ☐ Yes ☐ No

If YES, applicant must complete [hazardous materials questionnaire](#) (also available at Community Development).

What is the square footage of the space your business will occupy? _____ square feet

***Home-Based Business Only:** By signing below, you are acknowledging you have read and will comply with the Home Occupation standards in Section 19.9.3.D of the Henderson Municipal Code. Also, you are acknowledging you are the property owner or have obtained permission from the property owner to operate a home-based business at the above-referenced address. Non-compliance is grounds to revoke the business license.

***Non-Residential Locations Only:** A site plan or building layout that clearly identifies the location the business will be occupying is required for all applications.

The information provided is accurate and correct:

Applicant Signature _____

Date _____

Final approval by the Community Development Department **is not granted until the items below and City Inspections** are completed.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

APN	_____ <input type="checkbox"/> Address Verified <input type="checkbox"/> Redevelopment Overlay
ZONING	_____ <input type="checkbox"/> Home-Based Business
USE CLASSIFICATIONS AND COMMENTS	_____
APPROVAL CONDITIONS	<input type="checkbox"/> Conditional Use Permit # _____ <input type="checkbox"/> Temporary Use Permit # _____ <input type="checkbox"/> Design Review # _____ <input type="checkbox"/> Variance # _____ <input type="checkbox"/> Vehicle Travel Distance # _____ <input type="checkbox"/> Zone Change # _____ <input type="checkbox"/> Pre-Existing Use _____ <input type="checkbox"/> Other _____
STATUS	<input type="checkbox"/> Permitted <input type="checkbox"/> Denied <input type="checkbox"/> Pending _____
CD REVIEW	_____ Signature _____ Date _____
FIRE PERMIT REQUIREMENT	<input type="checkbox"/> Required <input type="checkbox"/> Not Required Date: _____ <div style="text-align: right;">Fire Plans Initials _____</div>

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 foregoing 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.



GROSS REVENUE BUSINESS LICENSE FEE SCHEDULE AND REPORTING INSTRUCTIONS

This schedule is to be used in the determination of business license fees which are based on semi-annual gross revenue. The **initial license fee** shall be based on a true estimate of anticipated gross revenues for the **first 5 months** of operations. Fees for the second license period should also be based on gross revenues generated during those initial 5 months of operations. The calculation of fees for the **third semi-annual period and all other periods** thereafter, shall be based on revenues generated during the previous **6 months**. For example: If the third license renewal period due date is 7/31/XX, then gross revenues should be calculated from 1/1/XX through 6/30/XX.

TOTAL GROSS REVENUE		SEMI-ANNUAL LICENSE FEE
FROM	TO	
\$0.00	\$ 12,000.00	\$ 25.00
12,001.00	18,000.00	35.00
18,001.00	24,000.00	42.00
24,001.00	30,000.00	54.00
30,001.00	45,000.00	66.00
45,001.00	90,000.00	78.00
90,001.00	135,000.00	90.00
135,001.00	180,000.00	100.00
180,001.00	240,000.00	120.00
240,001.00	300,000.00	167.00
300,001.00	360,000.00	200.00
360,001.00	420,000.00	230.00
420,001.00	480,000.00	270.00
480,001.00	540,000.00	300.00
540,001.00	600,000.00	350.00
600,001.00	660,000.00	370.00
660,001.00	720,000.00	400.00
720,001.00	780,000.00	440.00
780,001.00	840,000.00	470.00
840,001.00	900,000.00	500.00
900,001.00	960,000.00	540.00
960,001.00	1,020,000.00	570.00
1,020,001.00	1,080,000.00	600.00
1,080,001.00	1,140,000.00	640.00
1,140,001.00	1,200,000.00	670.00
1,200,001.00	AND OVER	MULTIPLY BY .00056

THIS SCHEDULE IS FROM CITY OF HENDERSON MUNICIPAL CODE 4.05.010



City of Henderson

Business License Supplemental Information

240 S. Water Street Henderson, Nevada 89015 • 702-267-1730

SilverFlume – NEVADA’S BUSINESS PORTAL

Register online at www.nvsilverflume.gov to create your entity (ownership structure) and register for a State of Nevada Business License or Exemption with the Nevada Secretary of State; and file for Workers’ Compensation, Nevada Labor Law, and Nevada Department of Taxation requirements via SilverFlume. You may also be able to submit your City of Henderson application via SilverFlume.

BUSINESS LICENSING IN SOUTHERN NEVADA:

City of Boulder City

401 California St
Pkwy Boulder City, NV 89005
702-293-9219
bcnv.org

City of Las Vegas

333 N Rancho Dr
Las Vegas, NV 89101
702-229-6281
lasvegasnevada.gov

City of North Las Vegas

2250 Las Vegas Blvd North
North Las Vegas, NV 89030
702-633-1520
cityofnorthlasvegas.com

Clark County

500 S Grand Central
Las Vegas, NV 89155
702-455-4252
clarkcountynv.gov

STATE AGENCIES AND CONTACTS:

NV Secretary of State - Commercial Recordings Division (LV Office)

2250 Las Vegas Blvd North
Fourth Floor
North Las Vegas, NV 89030
702-486-2880 (Inside NLV City Hall)
nvsos.gov

Nevada Department of Taxation Las Vegas Office:

555 E Washington Ave, Ste. 1300
Las Vegas, NV 89101
866-962-3707
tax.state.nv.us

Nevada Department of Taxation Henderson Office:

2550 Paseo Verde Pkwy, Ste. 180
Henderson, NV 89074
866-962-3707
tax.state.nv.us

Nevada Department of Health and Human Services

4126 Technology Way
Ste. 100
Carson City, NV 89706-2009
775-684-4000
dhhs.nv.gov/

State of Nevada Contractor’s Board

2310 Corporate Circle
Ste. 200
Henderson, NV 89074
702-486-1100
nvcontractorsboard.com

Nevada Department of Motor Vehicles

1399 American Pacific Dr
Henderson, NV 89074
702-486-4368
dmvnmv.com

Nevada Department of Business and Industry

3300 W Sahara Ave
Ste. 425
Las Vegas, NV 89101
702-486-2750
business.nv.gov

Nevada Division of Industrial Relations

Workers’ Comp. Section
3360 W Sahara Ave Ste. 250
Las Vegas, NV 89102
702-486-9080
dir.nv.gov/WCS/home/

RESOURCES:

Clark County Clerk (Fictitious Firm Name/dba filings)

Commission Division
500 S Grand Central Pkwy
1st & 6th Floors
Las Vegas, NV 89155
---or---
240 S Water St
Henderson, NV 89015
This location is only open Wed & Thurs.
8:30am–12:30pm & 1:30-5:00 pm
702-671-0500
clarkcountynv.gov/clerk/

City of Henderson Animal Control

300 E Galleria Dr
Henderson, NV 89011
702-267-4970, Option 4

Henderson Chamber of Commerce

590 S Boulder Hwy
Henderson, NV 89015
702-565-8951
hendersonchamber.com

Southern Nevada Health District

280 S Decatur Blvd
Las Vegas NV 89107
702-759-1000
southernnevadahealthdistrict.org

Nevada Transportation Authority

3300 W Sahara Ave Ste. 200
Las Vegas, NV 89102
702-486-3303
nta.nv.gov

Nevada Small Business Development Center

1951 Stella Lake St
Las Vegas NV 89106
or
8050 Paradise Rd
Ste. 100
Las Vegas NV 89123
702-876-0003
nevadasbdc.org/

Be sure to maintain your license! After submitting your application, visit the following to create your account and register to submit online payments: https://dsconline.cityofhenderson.com/energov_prod/selfservice#home. Once you have completed the required fields and submitted your information; you will receive an automated email requesting that you validate your email address by clicking “Confirm”. After validating your email, you will receive an additional email that reads, “Welcome to DSC Online, your account is now active and ready to use.” You will need to contact our office to have your business license(s) linked to your DSC Online account. The Business Operations Division can be reached by calling 702-267-1730 ext. 3 or by emailing cohbuslc@cityofhenderson.com.

08/13/2019

Please make note of your username and password as the City does not retain or have access to this information.

Fictitious Firm Name (DBA) Filings

Office of the Clark County Clerk

It is required by Statute (NRS 602.010) that every person doing business in the state of Nevada under an assumed or fictitious name which does not show the real 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.

- Fictitious Firm Names must be renewed every five years.
- A search of the records is advised prior to filing. A database search can be done in person for no charge at one of the locations indicated below. Individuals may also search the Clark County Clerk database on their Web site at <https://clerk.clarkcountynv.gov/ClerkEcommerce>
- The filing of a fictitious firm name does not give exclusive rights to the use of that name. A fictitious filing is required by statute (NRS 602.010) and is also required by the business license office before issuing a license under a fictitious name.
- A person doing business in this state without complying with the requirements of this chapter or having falsely filed a certificate of termination, is guilty of a misdemeanor (NRS 602.090)
- Each individual business name must have a separate filing. Multiple fictitious names cannot be included on a single certificate.
- Fictitious firm name forms may be obtained at the Office of the Clark County Clerk or on their web page at <http://www.clarkcountynv.gov/clerk/Pages/Formsx.aspx>
- Fictitious firm name forms must be notarized prior to filing, or all parties must sign in person in front of a Deputy County Clerk. Identification must be shown if signing in front of a Deputy County Clerk.
- Filings, renewals, address changes, and terminations may be submitted in person at any County Clerk location on the days and during the hours set forth below.

County Clerk's Main Office

200 Lewis Avenue, Box 551604
Las Vegas, Nevada 89155-1604
(702) 671-0500 • (702) 382-3611 Fax
Monday-Friday 8am-5pm
(closed all legal holidays)

Commission Division

500 S. Grand Central Parkway, 1st Floor
Las Vegas, NV 89155
(702) 455-4431
Monday-Friday 8am-5pm
(closed all legal holidays)

*Marriage Certificate Filing and Purchase
Fictitious Firm Name and Notary Bond Filing
Passport Acceptance (by appt. only)
County Records Search • Proof of Life*

Office of Civil Marriages

330 S. 3rd Street
Las Vegas, NV 89101
(702) 671-0577 Phone
Walk-ins: Mon-Thurs 2-6pm; Sun 9am-5pm
(closed 11:30am-noon)
Appointments: Fri 9:30am-8:45pm; Sat 12:30-8:45pm

Marriage License Bureau

201 E. Clark Avenue
Las Vegas, NV 89101
(702) 671-0600 • (702) 385-8911 Fax
7 days per week, 8am-midnight
(open all holidays)

*Marriage License Issuance
Vow Renewal Certificate Issuance
Fictitious Firm Name and Notary Bond Filing*

Henderson Office

240 S. Water Street
Henderson, NV 89015
Wednesday & Thursday, 8:30am-5pm
(closed noon-1pm and all legal holidays)
*Marriage License Issuance
Fictitious Firm Name and Notary Bond Filing*

Laughlin Office

101 Civic Way
Laughlin, NV 89029
Thursday, Friday & Saturday 10:30am-4:30pm
(closed 12:30-1pm and all legal holidays)
*Marriage License Issuance
Fictitious Firm Name and Notary Bond Filing*

- **Forms that appear to be altered by the use of "white out" will not be accepted.**

Filing Fees must be paid by cash check or money order made payable to County Clerk.

Fictitious Firm Name Fees:

Copies \$.50
Certification \$ 6.00
New Filings & Renewals \$20.00
Searches \$.50