



**Carson City Business License Division**  
108 E. Proctor Street  
Carson City, Nevada 89701  
(775) 887-2105 – Hearing Impaired: 711  
[buslic@carsoncity.gov](mailto:buslic@carsoncity.gov) | [carsoncity.gov/businesslicense](http://carsoncity.gov/businesslicense)

---

## Business License Information Page

A business license is required in Carson City if:

- The business is located within Carson City, Nevada.
- Any business activity will be physically conducted within Carson City.

Prior to applying for a business license, applicants must first obtain a State Business License:

- State Business Registration Office of the Secretary of State  
202 N. Carson St., Carson City, NV 89701  
(775) 684-5708 [www.nvsos.gov](http://www.nvsos.gov)

**The following attached forms need to be completed to submit your application:**

- D-25 Form (Industrial Insurance Compliance/Workers Comp)  
*Required form for all business license submissions*
- Carson City Sheriff's Responsible Party Information  
*Required form for Carson City Commercial Locations*
- Fictitious Firm Name (If applicable)  
*Required form for every person doing business under an assumed or fictitious name that is different from the legal name of each person who owns an interest in the business.*
- Carson City Provisions Regulating Home Occupations  
*Required form for Carson City Home Based Business*
- Business Information Form for the Assessor's Office  
*Required form for a Carson City Location*
- Provide a Copy of State of Nevada Specialty License (If applicable)  
*Required form for businesses that require state licensing board approvals  
examples: Real Estate License, Contractor's License, Cosmetology License...etc.*
- Fee Information can be found at [CCMC 4.04.020](#).

The approval process takes approximately 14-21 business days assuming all the information necessary for processing is provided to our office by the applicant at time of submittal. If additional inspections are required for your business, the process may be longer.



# CARSON CITY LICENSE APPLICATION

Incomplete or illegible applications will not be accepted.  
Applications must bear an original signature

Submittal Date:

New Business     Change of Physical Location     Other \_\_\_\_\_

Type of Entity:     Sole Proprietor     Corporation     Partnership     Limited Liability Company     Non-Profit

Required: NV State Business License Number

Specialty License Number

Business Opening Date in Carson City

Entity Name

Business Name (DBA)

Business Address

City, State, Zip

Mailing Address

City, State, Zip

Email Address

Mobile Phone

Business Phone

Owner(s), Manager(s), or other Principal(s) attach additional pages if required

First, Middle, Last

Residence Address (Street)

City, State, Zip

Residence Telephone

First, Middle, Last

Residence Address (Street)

City, State, Zip

Residence Telephone

Describe in detail the activity of your business:

If this application is for a change to your business, please note the information below.

OFFICE USE ONLY

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| <b>M<br/>I<br/>S<br/>C</b>  | <b>Miscellaneous Information</b>   |   |  |  |   |  |
|   | Commercial Location Square Footage:  |   | Number of Full-Time Equivalent Employees/Owners: |  |   |  |
|   | Attach a list of the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business |   |  |  |   |  |
| <b>H<br/>E<br/>A<br/>L<br/>T<br/>H<br/><br/>D<br/>E<br/>P<br/>T</b>   | <b>Health Department</b>   |   |  |  |   |  |
|   | Do you provide or manufacture food, beverages, or supplements for eating or drinking to the public?                                      |   |  |  |   |  |
|   | Do you provide seating for customers? How many people can be seated?   |   |  |  |   |  |
|   | Do you provide tattooing, permanent make up, microblading or piercing within your establishment?   |   |  |  |   |  |
|   | Do you provide swimming pools, hot tubs, hot springs, childcare or lodging at your establishment?  |   |  |  |   |  |
| <b>L<br/>I<br/>Q<br/>U<br/>O<br/>R<br/><br/>&amp;<br/><br/>G<br/>A<br/>M<br/>I<br/>N<br/>G</b>  | <b>Please complete the following if applying for a Liquor or Gaming License</b>  |   |  |  |   |  |
|   | Liquor Manager - First, MI, Last   |   |  |  | Email Address                                     |  |
|   | Residence Address (Street)   |   |  | City, State, Zip                                   |   | Contact Number                             |
|   | <input type="checkbox"/> Tavern/Bar  | <input type="checkbox"/> Dining Room w/Beer and Wine Only | <input type="checkbox"/> Packaged Liquor         | <input type="checkbox"/> Dining Room w/Hard Liquor | <input type="checkbox"/> Combo (On-Premise & Pkg) | <input type="checkbox"/> General Wholesale |
|   | <input type="checkbox"/> Catering  | <input type="checkbox"/> Additional Wet Bars _____        |  | Will there be an Interim Management Agreement?     |   |  |
|   | List number of slot machines (If applicable)   |   |  | List number of table games (If applicable)         |   |  |
|   | <input type="checkbox"/> 1 cent _____  | <input type="checkbox"/> Multi _____                      | <input type="checkbox"/> Craps _____             | <input type="checkbox"/> Baccarat _____            |   |  |
|   | <input type="checkbox"/> 5 cent _____  | <input type="checkbox"/> Poker _____                      | <input type="checkbox"/> Roulette _____          | <input type="checkbox"/> Race Book _____           |   |  |
|   | <input type="checkbox"/> 25 cent _____   | <input type="checkbox"/> Mega Buck _____                  | <input type="checkbox"/> Twenty-One _____        | <input type="checkbox"/> Sports Book _____         |   |  |
|   | <input type="checkbox"/> 1.00 _____  |   | <input type="checkbox"/> Keno _____              | <input type="checkbox"/> Poker _____               |   |  |
| <b>I, the undersigned understands that I cannot operate my business until my license is issued by Carson City indicating approval by all necessary city departments</b>   |  |   |  |  |   |  |
| <ul style="list-style-type: none"> <li>● If any changes are made after completing said license application the business license division must be notified immediately and an updated application is required.</li> <li>● A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location.</li> <li>● Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in penalties and is grounds for the revocation of the license.</li> <li>● Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation.</li> </ul> <p style="text-align: center;">I hereby certify that the above information is correct to the best of my knowledge and belief.<br/>I understand that failure to complete this form truthfully is an act of perjury.</p> |  |   |  |  |   |  |
| Applicant's Signature _____   |  |   | Date _____                                       |  |   |  |

**Certificate of Business: Fictitious Firm Name**

Please Print or Type

The undersigned do hereby certify that \_\_\_\_\_  
(Name of individual, corporation, partnership, or trust)

located at \_\_\_\_\_ is conducting business in Carson City,  
(Street Address of Business or Residence)

Nevada, under the fictitious name of \_\_\_\_\_  
(Fictitious Firm Name)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:  
By signing below, I do solemnly affirm, under penalty of perjury, that all statements made in this document are true.

1. \_\_\_\_\_  
Full Name and Title Signature Date  
\_\_\_\_\_  
Street Address City, State, Zip  
\_\_\_\_\_  
Mailing Address, if different from above City, State, Zip

2. \_\_\_\_\_  
Full Name and Title Signature Date  
\_\_\_\_\_  
Street Address City, State, Zip  
\_\_\_\_\_  
Mailing Address, if different from above City, State, Zip

3. \_\_\_\_\_  
Full Name and Title Signature Date  
\_\_\_\_\_  
Street Address City, State, Zip  
\_\_\_\_\_  
Mailing Address, if different from above City, State, Zip

**RECEIVED AND FILED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy County Clerk

Please provide the following details where verification of filing should be sent:

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Mailing Address



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.



**FOR ASSESSOR OFFICE USE ONLY**

ACCOUNT NUMBER: \_\_\_\_\_ FISCAL YEAR: \_\_\_\_\_ TAX DISTRICT: \_\_\_\_\_

BUSINESS LICENCE ISSUE DATE: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ NAICS CODE: \_\_\_\_\_

**BUSINESS INFORMATION FORM**

(PRINT CLEARLY)

New Business  Change of Location/Mailing  Name Change  Purchase Business

TYPE OF ENTITY:  Sole Proprietor  Corporation  Partnership  Limited Liability Comp.  Non-profit

BUSINESS OWNER NAME: \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

NAICS CODE: \_\_\_\_\_ SITE LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

DATE OPENED OR ANTICIPATED OPENING: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Title: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE (if different than above): \_\_\_\_\_

WAS THIS A CHANGE TO AN EXISTING BUSINESS? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please indicate previous name of business: \_\_\_\_\_

previous location, if applicable \_\_\_\_\_

ARE THERE ADDITIONAL LOCATIONS FOR THIS BUSINESS? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list locations: \_\_\_\_\_

DID YOU PURCHASE THE BUSINESS? YES \_\_\_\_\_ NO \_\_\_\_\_

ALL PERSONAL PROPERTY TAXES PAID IN FULL? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS THE EQUIPMENT INCLUDED IN THE PURCHASE PRICE OF THE BUSINESS? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, price of the equipment: \_\_\_\_\_ or estimated value of equipment: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

# IMPORTANT REMINDER

In July of each year, the Carson City Assessor's Office will be sending you a "Personal Property Declaration Commercial Equipment Statement" that will need to be completed and filed with the Assessor's Office by July 31st.

As required by Nevada Revised Statutes 361.185 and 361.265, all commercial equipment owned, claimed, possessed, controlled or managed by you at your business location as of July 1st will need to be reported (description of equipment, year acquired, acquisition cost minus sales tax).

For information related to business personal property, please visit our website at:  
[www.carsoncity.gov](http://www.carsoncity.gov)

Click on:

- "Government"
- "Assessor"
- "General Information & Services" (other useful information on this page)
- "Business Personal Property"

Please view the PowerPoint on this page for helpful information about personal property: <https://www.carsoncity.gov/PPD>

**Personal Property tax bills will be mailed in December per NRS 361 and will be due in thirty days.**

If you have any questions regarding the assessment, please contact our office at:

**Carson City Assessor's Office**  
**201 N. Carson St. Ste. 6., Carson City, NV 89701**  
**775-887-2130**  
**[assessor@carsoncity.gov](mailto:assessor@carsoncity.gov)**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**CARSON CITY PROVISIONS REGULATING HOME OCCUPATION**  
(FOR ADDRESSES LOCATED IN RESIDENTIAL ZONES)

**Please PRINT clearly. Incomplete applications may delay the processing of your business license.**

Applicant Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Brief Description of Business: \_\_\_\_\_

Below are items taken from Carson City Municipal Code 18.05.045.

**Please read each item and check the box at the beginning of each item to indicate that you have read and understand it:**

- 1. A Carson City business license must be obtained before the operation of any home business.
- 2. The sale of goods, samples, materials, equipment or other objects on the premises of a home occupation is prohibited. Except as otherwise specifically required or authorized pursuant to federal regulations for the sale of firearms by a licensed firearm dealer, the owner of a home occupation shall not conduct business in person with any customer or client on the premises of the home occupation.
- 3. A home occupation must be an accessory to the use of the property as a residence.
- 4. On-site office staff and employees or other personnel are prohibited from working at the site of a home occupation unless the persons are family members of the owner and reside on the premises.
- 5. The residential character of the structure may not be altered and the occupation within the dwellings must not be conducted in a manner which would cause the premises to differ from its residential character by the use of colors, materials, construction, lighting or by signs, or the emission of sound, noise, dust, odors, fumes, smoke, electrical disturbance or vibrations that disturbs the peace and general welfare of the area.
- 6. Pedestrian and vehicular traffic must be consistent with traffic that is normally associated with residential districts.
- 7. The outdoor storage of materials or equipment and the indoor or outdoor storage of toxic or hazardous materials, including, without limitation, ammunition and gunpowder, is prohibited. Any merchandise must not be visible from outside the dwelling.
- 8. A home occupation must be confined within the main building on the property or, if applicable, within an authorized accessory structure that serves as a secondary use of the residential use. If a home occupation is conducted in a garage, the home occupation must not permanently eliminate the use of the garage as a parking space for an automobile.
- 9. The use of utilities and community facilities on the property must be consistent with the level of use that is normally associated with the use of the property for residential purposes.

- 10. Any public advertising which calls attention to the fact that the dwelling is being used for business purposes is prohibited. Except as otherwise provided in this subsection, telephone listings, business and any other advertising of the home occupation must not include the dwelling address. The name, telephone number, and purpose of the home occupation may be advertised on a vehicle that is operated by a resident of the dwelling in which the home occupation is conducted. The home address may appear on letterhead and invoices if the home address is also the business address.
- 11. Electrical or mechanical equipment which create video or audio interference in customary residential electrical appliances or cause fluctuations in line voltage outside a dwelling unit are prohibited.
- 12. Any activity and any equipment or material used or stored must not adversely affect the fire safety of any premises.
- 13. Except for one panel van or pickup truck that is used for personal transportation, the parking or placement of any commercial vehicle, including, without limitation, a truck, trailer or associated equipment or materials, is prohibited unless screened from public view.
- 14. Except as otherwise specifically authorized by the rules and regulations of the Carson City Department of Health and Human Services, the processing or packaging of food as a home occupation is prohibited.
- 15. Any on-site repair or maintenance of a vehicle that is not owned by the owner of the home occupation is prohibited.

The Home Occupation Provision is included in recognition of the needs of many people who are engaged in small business ventures which could not be sustained if it were necessary to lease commercial quarters for them, or which in the nature of the home occupation could not be expanded to full scale enterprise. It is the intent of the ordinance that full scale commercial or professional operations which would ordinarily be conducted in a commercial or industrial district continue to be conducted in such districts and not in residential districts.

In granting a business license, it is necessary to verify that the subject property will be used in conformance with the City's Zoning Ordinance. If you have any questions or require further information, email [planning@carsoncity.gov](mailto:planning@carsoncity.gov), call (775) 887-2180 or stop by the Community and Economic Development Department at **108 E. Proctor Street**.

**18.01.283 Home Occupation** means a use customarily carried on by a dwelling occupant and incidental to the primary residential use.

Once this statement is signed, it will become a part of your business license record with the City.

*I have read and agree to all of the above information.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## CARSON CITY SHERIFF'S OFFICE RESPONSIBLE PARTY INFORMATION

Kenneth Furlong  
*Sheriff*

DATE

|                             |        |
|-----------------------------|--------|
| BUSINESS NAME               |        |
| BUSINESS ADDRESS            |        |
|                             |        |
| BUSINESS PHONE              |        |
| BUSINESS MANAGER            |        |
| <b>AFTER HOURS CONTACTS</b> |        |
| NAME:                       | PHONE: |
| NAME:                       | PHONE: |
| NAME:                       | PHONE: |
| NAME:                       | PHONE: |
| NAME:                       | PHONE: |
| <b>ALARM COMPANY</b>        |        |
| NAME:                       | PHONE: |
| ADDRESS:                    | PHONE: |
|                             |        |

\_\_\_\_\_  
Manager's Name

\_\_\_\_\_  
Date