



City of Henderson

Business License Background Investigation Checklist

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

After submitting the business license application packet and paying the background investigation fees, the applicant must submit their investigation packet in person to the Henderson Police Department at 223 Lead Street between the hours of 9:00 am and 4:00 pm, Monday through Thursday.* The processing time for the background investigation averages 6-8 weeks. For questions relating to the background review process, please contact the Business Operations Division at 702-267-1730.

All questions within the Background Investigation Packet must be answered completely.

The following items must be submitted to constitute a complete Background Investigation Packet:

- Complete **Business Operations Division Background Investigation Questionnaire**
- Complete **Business License Applicant's Request to Release Information** form, including notarization
- Complete **Nevada Department of Public Safety Fingerprint Background Waiver** form

Applicants that are US citizens by birth must provide the following:

- Certified copy of **Birth Certificate** (The original must be presented at the time of application and at the time of fingerprinting.)**
OR
Copy of **Passport, Passport Card, Real ID License or Real ID Card** (The original must be presented at the time of application and at the time of fingerprinting.)

Applicants that are not US citizens by birth must provide the following:

- Naturalized Citizens**
Copy of the original **Naturalization certificate** (The original must be presented at the time of application and at the time of fingerprinting.)
OR
Copy of **Passport, Passport Card, Real ID License or Real ID Card** (The original must be presented at the time of application and at the time of fingerprinting.)
- Applicants with a Permanent Resident Card**
Copy of **Permanent Resident Card, "green" card** (The original must be presented at the time of application and at the time of fingerprinting.)
AND
Certified copy of **Birth Certificate** (The original must be presented at the time of application and at the time of fingerprinting.)**
OR
Copy of **Passport, Passport Card, Real ID License or Real ID Card** (The original must be presented at the time of application and at the time of fingerprinting.)
- Copy of **Visa**, if applicable.

All applicants must be prepared to present a valid US government issued picture identification. The ID must be presented at the time of fingerprinting.

*Individuals submitting a Background Investigation Packet who do not reside in Nevada are not required to appear in person when submitting the investigation packet. However, fingerprint cards from an authorized fingerprint agency must be provided along with the items listed above.

** If not in English, an English translation must be submitted. The translation must be notarized as a true and exact copy.



City of Henderson Business Operations Division

BACKGROUND INVESTIGATION QUESTIONNAIRE

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

General Instructions:

1. The entire Questionnaire must be completed clearly, in blue or black ink, or typed.
2. All questions or items contained in the Questionnaire must be accurately answered or responded to; misrepresentation or failure to disclose any information requested in the Questionnaire may be deemed to be sufficient cause for the refusal of the application or revocation of a license if already issued.
3. If a particular area or question does not apply to you, you must write "N/A" in the area provided.
4. A current passport photograph must be attached to the questionnaire. The photograph must have been taken within the last six (6) months. It may not be a print-out, photocopy or duplication of any kind.
5. If the space available is insufficient to completely answer a question, attach a separate sheet of paper to provide a complete response. Clearly identify the item/number from the Questionnaire for which the response is being provided.
6. Do not misstate or omit any material fact(s) as the statements made by you within the Questionnaire are subject to verification.
7. The Business Operations Division does not provide notary service. All notarizations must be complete prior to submitting the Background Investigation Packet.
8. Additional information may be needed by the investigator assigned to your background investigation; additional information may include, but not be limited to, Federal income tax forms, bank statements and brokerage statements. If additional information is required, you will be notified by the investigator or his designee.

By signing below, I acknowledge that I have read the above instructions and understand that I must file a complete, legible and truthful application and provide any additional information as requested by the investigator assigned to my investigation. Failure to comply with any of the above may result in delays in completing the review or the refusal or revocation of the application or license. I further understand that it is my responsibility to be thoroughly familiar with applicable ordinances, rules and regulations pertaining to the particular license(s) applied for. I also understand that Henderson Municipal Code requires a background investigation be completed prior to the granting of a privileged business license. I hereby authorize and hold harmless the City of Henderson Business Operations Division and Police Department to receive and utilize such information necessary to conduct my background investigation and understand that there shall be no refund of any of the investigation fees paid should I elect to withdraw my application or should the City refuse or withdraw my application or license.

Signature of Applicant:

Date:



City of Henderson Business Operations Division
BACKGROUND INVESTIGATION QUESTIONNAIRE
 240 S. Water Street, Henderson, NV 89015 (702-267-1730)

PRINT CLEARLY. USE AN EXTRA SHEET, IF NECESSARY, TO PROVIDE COMPLETE ANSWERS.

Name				Attach passport photograph taken within last six (6) months here:			
(Last)	(First)	(Middle)					
Home Address:							
(Street)		(Apartment/Space)					
(City)		(State)	(Zip)				
Social Security Number:			Date of Birth:				
Contact Phone Number:			Contact E-mail Address:				
Driver's License Number (or other State issued identification number):				Date Above Photo Was Taken:			
Race:	Height:	Weight:	Sex:	Hair:	Eyes:		
Place of Birth (Including Country):							
Naturalization Certificate Number (if applicable):		Alien Registration Number (if applicable):		Expiration (if applicable):			
VISA Number (if applicable):		Other (Please Explain or Describe) (if applicable):					
Other Names Used (Maiden or Married, for example):							
Name of Proposed Business (DBA):				Individual's Position in Business:			
Address of Proposed Business:							
License Classification(s):							
Please Do Not Write Below This Line - For Henderson Office Use Only:							
Date Reviewed by BL Supervisor:			Date Reviewed by Civil Processing:				
BL Supervisor Signature:			Date Application Sent To Investigator:				
Date Processed by BL Technician:			Date Investigation Completed:				
BL Receipt Number:			Date Approval/Denial Letter Sent to BL by Investigator:				
For PD Use Only	IIQ:	JL:	PRINTS:	OTHER LICENSES:	CREDIT:		



City of Henderson Business Operations Division
BACKGROUND INVESTIGATION QUESTIONNAIRE
 240 S. Water Street, Henderson, NV 89015 (702-267-1730)

PRINT CLEARLY. USE AN EXTRA SHEET, IF NECESSARY, TO PROVIDE COMPLETE ANSWERS.

#1 - Arrests and Citations:

(Provide all arrest and citation information for prior 10 year period, including any arrests where charges may have later been dismissed. Exclude citations issued for minor traffic offenses such as speeding and parking. Attach additional sheet if necessary.)

Arrested/Citation for: _____

Place and date of arrest or citation: _____

Disposition: _____

Arrested/Citation for: _____

Place and date of arrest or citation: _____

Disposition: _____

#2 - Have you ever been involved in a civil court action? Yes No

If yes, list and describe the nature of each action:

#3 - Have you ever held privileged or professional license(s) in any state? Yes No

If yes, indicate type of license(s), city/state/county of issuance, date of issuance and current status of license(s):

#4 - Have you ever had a business license application denied by any city/state/county for any reason? Yes No

If yes, please explain:

#5 - List all Cities, States and/or Countries resided in:

STATE OF NEVADA)
)
 COUNTY OF CLARK) SS.

I, _____, do hereby certify that I have read and understand the ordinance(s) related to the license(s) for which I am applying. I will abide by the ordinance(s) in its/their entirety and any amendments thereto, and certify that, if this application for suitability is approved and the license(s) issued, it/they will be accepted by me subject to the terms and provisions of the applicable ordinance(s) and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance(s) of the City Council; and I acknowledge the authority of the licensing authorities and authorized representatives to enter the business establishment wherein the licensed business is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance(s). I further certify that I have read the foregoing application and confirm that the contents thereof contain a full and true account of the information requested; that I executed the same freely and voluntarily for the uses and purposes herein mentioned, and with full knowledge that misrepresentation or failure to reveal the information requested may be deemed sufficient evidence for refusal to issue, or revoke the license(s) applied for, and should the license(s) applied for be granted, I agree to abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

SUBSCRIBED AND SWORN TO BEFORE ME
 THIS _____ DAY OF _____, _____.

 Signature of Applicant

 NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE
 FNBL-0722
 Information collected per NRS 179A.075
 Rev. 05/2020
 FIN/BL-DSC



HENDERSON POLICE DEPARTMENT
Business License Applicant's Request to
Release Information

HPD 0158

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To: City of Henderson Police Department

From: _____
(Applicant – Print Name)

1. I understand that I am applying for a privileged license from the City of Henderson Business Licensing Department in Henderson, Nevada and acknowledge that the burden of providing my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Henderson Police Department as agent of and for use by the City of Henderson Business Licensing Department and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely, knowingly, and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons, to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly-appointed officer of the Henderson Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly-appointed officer of the Henderson Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of same, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. If the person to whom this request is presented is a criminal justice agency or a repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.
6. I do hereby make, constitute and appoint any duly-appointed officer of the Henderson Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for my use and benefit:
 - a. to request, review, copy and sign for or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present;
 - b. to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - c. to place the name of the Henderson Police Department officer presenting this request in the appropriate location on this request.

Applicant's Initials: _____



HENDERSON POLICE DEPARTMENT
Business License Applicant's Request to
Release Information

HPD 0158

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- 7. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
8. This power of attorney ends eighteen months from the date of execution.
9. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents or employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in law or equality, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
10. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fee, arising out of or by reason of complying with this request.
11. A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at _____
(City, State)

on the _____ day of _____, 20_____.

State of Nevada
County of Clark

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public in and for said County and State

Signature of the Henderson Police Department Officer presenting this request:

Officer Name P#

Date



FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) the City of Henderson Police Department that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) the City of Henderson Police Department, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: City of Henderson Police Department _____

Address: 223 Lead Street, Henderson NV 89015 _____

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____



City of Henderson

Business Registration

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:

² Previous Business Address:

Business Contact Information

Name:

Phone:

Email:

Business Activities (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Alarm Systems | <input type="checkbox"/> Gaming/Gambling | <input type="checkbox"/> Mobile Food Vendor | <input type="checkbox"/> Psychic Arts |
| <input type="checkbox"/> Alcohol/Liquor Sales* | <input type="checkbox"/> Hypnotist | <input type="checkbox"/> Pawnbroker | <input type="checkbox"/> Reflexology (Establishment) |
| <input type="checkbox"/> Astrologer | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Product Sales (New) | <input type="checkbox"/> Sexually Oriented |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Massage (Establishment) | <input type="checkbox"/> Product Sales (Used) _____% | <input type="checkbox"/> Teenage Dancehalls/Nightclubs |

*** If applying for Alcohol/Liquor Sales, identify the classification(s) below:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Beer/Wine/Spirit-based Off-Sale | <input type="checkbox"/> Estate Distillery | <input type="checkbox"/> Nonprofit Liquor |
| <input type="checkbox"/> Beer/Wine/Spirit-based On-Sale | <input type="checkbox"/> Full Liquor Off-Sale | <input type="checkbox"/> Nonrestricted/Limited Gaming |
| <input type="checkbox"/> Beer/Wine/Spirit-based Tasting | <input type="checkbox"/> Full Liquor On-Sale | <input type="checkbox"/> Restaurant with Bar |
| <input type="checkbox"/> Brew Pub | <input type="checkbox"/> Gift Basket Liquor | <input type="checkbox"/> Tavern |
| <input type="checkbox"/> Brew Pub-Combo | <input type="checkbox"/> Golf Course Liquor | <input type="checkbox"/> Urban Lounge |
| <input type="checkbox"/> Catering Liquor | <input type="checkbox"/> Grocery Store/Internet Sales | <input type="checkbox"/> Wholesale/Import Liquor |
| <input type="checkbox"/> Craft Distillery | <input type="checkbox"/> Instructional Wine Making | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Craft Distillery-Combo | <input type="checkbox"/> Liquor Manufacturer | |

****GAMING LICENSES ONLY**

Owner/Operator Space Lease^{3&4} Participation Agreement³

³ With whom is the lease or agreement? _____

⁴ Will you be receiving a percentage of the gaming revenue from the Slot Route Operator? Yes No

Games being applied for: Bingo Keno Race Book Sports Pool

Number of Gaming Machines: _____ **Number of Live Games:** _____

Status of the State Gaming Approval: Approved _____ Pending _____
Date of Approval Anticipated Date of Approval

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:	
Home Address:	Phone:	DOB:
City, State & Zip:	Office Use Only: <input type="checkbox"/> Sent to PD	<input type="checkbox"/> Waiver Requested
Name:	Title:	
Home Address:	Phone:	DOB:
City, State & Zip:	Office Use Only: <input type="checkbox"/> Sent to PD	<input type="checkbox"/> Waiver Requested
Name:	Title:	
Home Address:	Phone:	DOB:
City, State & Zip:	Office Use Only: <input type="checkbox"/> Sent to PD	<input type="checkbox"/> Waiver Requested
Name:	Title:	
Home Address:	Phone:	DOB:
City, State & Zip:	Office Use Only: <input type="checkbox"/> Sent to PD	<input type="checkbox"/> Waiver Requested

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 payments must be received by the City prior to their respective due dates 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



CITY OF HENDERSON - BUSINESS LICENSE DIVISION COMMUNITY DEVELOPMENT ZONING COMPLIANCE CHECK

Proposed Business Name/DBA: _____

Applicant/Contact Name: _____

Proposed Business Address: _____

Primary Phone: _____ Business Cell | Secondary Phone: _____ Cell Other

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).

***Home-Based Business Only:** By signing below, you are acknowledging you have read and will comply with the Home Occupation standards in Section 19.5.7.D.5 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 above is accurate and correct:

Applicant Signature

EFM Case Number

Date

**Final approval by the Community Development Department IS NOT GRANTED
until the items listed below and City Inspections are completed.**

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

APN		<input type="checkbox"/> Address Verified
Zoning		<input type="checkbox"/> Home-Based Business
Use Classification 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="border: 1px solid black; width: 100px; height: 20px; margin-left: auto; margin-right: auto;"></div> Fire Plans Initials

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

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

Name of Applicant (Please Print)	Applicant's Telephone No.		
Applicant's Residence Address	City	State	Zip Code

I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
---	-------------------

Witness Signature - (Business License Office Employee)	Name of City or County
--	------------------------

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.



Executive Suite Location Acknowledgement Form

This form must be completed by the executive suite and returned to the Business Operations Division with the business license registration packet.

Executive Suite Information			
Name:			
Address:			
City of Henderson Business License Number:			
Business License Applicant Information			
Business Name:			
Assigned Phone Number: <small>Please list the phone number assigned to the business.* *REQUIRED</small>		Assigned Suite/Office Number: <small>For businesses occupying a specific suite/office within the location, please list the suite/office number assigned to the business.</small>	
<p>Signing this acknowledgement affirms that the business is located in your facility and you are acknowledging that the above named executive suite business is providing, to the business license applicant named above, the minimum location requirements as an “Executive suite” or “shared office business” set forth in Henderson Municipal Code 4.04.010 which are as follows:</p> <p><input type="checkbox"/> Provide personalized telephone answering; and <input type="checkbox"/> Mail service; and</p> <p><input type="checkbox"/> One or more of the following (Check all that apply):</p> <p><input type="checkbox"/> A separate business listing in a public area; <input type="checkbox"/> A reception area with receptionist;</p> <p><input type="checkbox"/> A definite number of hours of use of an office (# of Hours _____);</p> <p><input type="checkbox"/> Use of a conference or meeting room; <input type="checkbox"/> Exclusive use of an office;</p> <p><input type="checkbox"/> Availability of secretarial, clerical, and/or data processing staff;</p> <p><input type="checkbox"/> Availability and use of office equipment</p>			
Signed:			Date:

Please note: In order for clients of an executive suite to obtain a business license at an executive suite location, the business must have an assigned suite/office or meet the minimum location requirements.

In addition, Henderson Municipal Code prohibits “license hanging”. Please see the reverse of this form for additional information regarding license requirements.

Henderson Municipal Code - 4.04.020 License required.

A. It shall be a violation of the provisions of this title and unlawful for any person to commence, carry on, engage in or continue in the city any business without first obtaining a license and paying the appropriate license fee as provided by terms and provisions of this title.

B. A license shall only be issued if the applicant has a fixed place of business from which the business will be conducted, unless this title specifically states otherwise. Once issued a license, the licensee shall not engage in business from any other premises other than the premises for which the license was issued.

C. No licensee engaged in business within the city limits of the city shall allow the license of any other business to be displayed, i.e., "hang," at the licensee's premises. For purposes of this subsection, a license "hang" is defined as using the address of a licensed business as the business address of another business not actually licensed to operate at the licensed location.

D. Upon the filing of a complete and accurate business license application and the payment of all required fees, the applicant may be issued either a permanent or a temporary business license by the division. A permanent license will be issued provided that the requirements of all appropriate federal, state, county and municipal laws and regulations have been met and that all specific requirements of all departments of the city have been met and properly approved. A temporary business license for a business license type not subject to the provisions of chapter 4.03 may be issued and if issued shall permit the applicant to engage in business at the location designated on the license for a period of up to, but not to exceed, 60 days, within which all inspections and requirements imposed upon the applicant by the various departments or divisions of the city are to be complied with. Upon the recommendation by the various departments or divisions within the city, the division shall have the discretion to extend such temporary business license for a period of an additional 60 days. It shall be the sole responsibility of the applicant to schedule all follow-up inspections necessary to comply with all the requirements and corrections. Should the applicant fail to meet the requirements as set forth by the departments or divisions of the city within the maximum prescribed time limit of 120 days (or 60 days if no extension was granted), the temporary license shall no longer be valid. Continued operation of the business, once the temporary business license is invalid, shall constitute a violation of this title, and the business shall be subject to legal action as prescribed by this title, the penalties for which are described in section 4.04.230. A license that is deemed invalid may not be reinstated.

E. The address of a commercial mail receiving agency ("CMRA") may be used for the mailing address of a business not owned and operated by the owner(s) of said CMRA, but must not be represented or held out to be the physical location of such business. A designation of "suite," "number," "room," "apartment (apt.," or any similar designation so as to lead a reasonable and prudent person to believe that the address is the physical location of the business shall not be used. The owner or operator of a CMRA shall keep on file the Form 1583 as required by the United States Postal Service and shall make the same available to the director, his designee or an officer of the business operations division upon request.

F. It shall be the responsibility of the owner or operator of the CMRA to inform any and all clients of the above requirement.

G. Licenses may be issued to businesses proposed to be located in properly licensed executive suites or shared office establishments. It shall be the responsibility of the owner/operator of the executive suites or shared office establishment to obtain, maintain, and produce upon request by the city the records on each tenant of said business, including but not limited to a credit application, an application that includes identifying information regarding the names and residential addresses of each owner or corporate officer, a completed postal service Form 1583 (if mail service is part of the services provided), and a completed and signed service contract or service agreement between the licensed executive suites or shared office business and the proposed business. Failure to provide the requested business information as required in this subsection constitutes a violation of the provisions of this title. (Ord. No. 3290, § 1, 10-6-2015)



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
nevadasdbc.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