City of Henderson

Business Registration Form

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

Mark all that apply:
☐ New Business ☐ Change in Ownership or Reorganization[1] ☐ Change in Name[1] ☐ Change in Location[2]

☐ Other _____

☐ Additional, or Change to, Business Activity for Currently Licensed Business
(In the area below, describe all business activity to be conducted with the new activities clearly identified.)

Type Of Business Organization: ☐ Sole Proprietor ☐ General Partnership
☐ Limited Partnership ☐ Limited Liability Company ☐ Corporation

Name of Applicant (as filed with the NV Secretary of State):

Nevada Business ID: NV	**Anticipated Opening Date in Henderson:**

Business Name (DBA):

[1] Previous Business Name/Ownership:

Business E-mail Address:

Business Phone:	**Business Fax:**
Business Address: Street:	**Mailing Address:** Street:
City, State, Zip:	City, State, Zip:

Property Owner:

[2] Previous Business Address:

Business Activities To Include:

Alcohol/Liquor Sales*	Yes ☐	No ☐	Door to Door Solicitations	Yes ☐	No ☐	Product Sales (Used)	Yes ☐	No ☐
Bookkeeping	Yes ☐	No ☐	Gaming/Gambling**	Yes ☐	No ☐	Reflexology	Yes ☐	No ☐
Check Cashing	Yes ☐	No ☐	Interior Design	Yes ☐	No ☐	Sexually Oriented	Yes ☐	No ☐
Cosmetology	Yes ☐	No ☐	Massage	Yes ☐	No ☐	Tobacco Sales	Yes ☐	No ☐
Counseling	Yes ☐	No ☐	Product Sales (New)	Yes ☐	No ☐	Tobacco Paraphernalia	Yes ☐	No ☐

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

☐ Beer/Wine/Spirit-based Off-Sale	☐ Craft Distillery	☐ Instructional Wine Making
☐ Beer/Wine/Spirit-based On-Sale	☐ Craft Distillery Combo	☐ Liquor Manufacturer
☐ Beer/Wine/Spirit-based Tasting	☐ Full Liquor Off-Sale	☐ Nonrestricted/Limited Gaming
☐ Brew Pub	☐ Full Liquor On-Sale	☐ Restaurant with Bar
☐ Brew Pub Combo	☐ Gift Basket Liquor	☐ Tavern
☐ Catering Liquor	☐ Grocery Store/Internet	☐ Wholesale/Import Liquor

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:** (If applicable to classification; # of professionals, vehicles, stations, chairs, etc.)

****GAMING LICENSES ONLY** ☐ Owner/Operator ☐ Space Lease[3] ☐ Participation Agreement[3]

[3] With whom is the lease or agreement? _____

Games being applied for: **Number of Gaming Machines:** _____
☐ Bingo ☐ Keno ☐ Race Book ☐ Sports Pool

Status of the State Gaming Approval: **Number of Live Games:** _____
☐ Approved _____ ☐ Pending _____
Date of approval Anticipated Date of approval

Name of Owner(s), Partners, Corporate Officers, etc:			
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:
Name:	Title:	DOB:	Home Phone Number
Home Address:	City:	State:	Zip:

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:**

Office Use Only:

Date Processed: _____

Inspection Process Required: Yes ☐ No ☐ **Inspection Window:** _____to_____

License Number(s): _____ **NAICS:** _____

_____ _____

Business Name (d.b.a.): _____

This form is required for sole proprietors and all members of general partnerships. **(Each individual is to complete one section.)**
Senate Bill 356, implemented by the 1997 Session of the Nevada State Legislature and United States Federal Welfare Reform, requires that all business license applicants complete the following document:

Date: _____

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children and am **not in compliance** with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number_____ Signature_____

Printed Name _____

Date: _____

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children and am **not in compliance** with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number_____ Signature_____

Printed Name _____

Date: _____

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children and am **not in compliance** with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number_____ Signature_____

Printed Name _____

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** | **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.

AType 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.

To fill in the blanks with your information, place cursor in first blank area, enter Business Name and hit the tab key to continue through the document. Print when finished. This document cannot be saved as it is a Read Only document.

Michele W. Shafe
Clark County Assessor

NEW BUSINESS INFORMATION

(Please Print)
BUSINESS NAME (DBA): _____ **PHONE:** _____

DATE OPENED OR ANTICIPATED OPENING: _____

LOCATION ADDRESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

OWNER OR CONTACT PERSON: _____

WAS THIS A CHANGE TO AN EXISTING BUSINESS? **YES** ____ **NO** ____

IF YES, INDICATE PREVIOUS NAME OF BUSINESS _____

PREVIOUS LOCATION, IF APPLICABLE _____

ARE THERE ADDITIONAL LOCATIONS FOR THIS BUSINESS? **YES** ____ **NO** ____
(If yes, please list additional locations and attach to form)

SIGNATURE: _____ **DATE:** _____

****If you have any questions regarding the assessment of Business Personal Property please contact our office at:**

500 S. Grand Central Pkwy #P.O. Box 551401
Las Vegas, NV 89155-1401
Phone (702) 455-4997

****

FOR OFFICIAL USE ONLY

Tax District: _____ Area: _____ 99- _____

CITY OF HENDERSON
BUSINESS LICENSE DIVISION
COMMUNITY DEVELOPMENT ZONING COMPLIANCE CHECK

DBA/Name of Proposed Business: _____
Applicant Name: _____
Address of Proposed Business: _____ Suite # _____ Henderson, NV _____
Email: _____
Phone: ( ) _____ FAX: ( ) _____ **Anticipated start date of business:** _____
Ownership Status: ☐ New Business ☐ Change of Ownership ☐ Business Name Change ☐ _____

If different from above:
Contact Name:_____
Contact Address:_____ Email:_____
City:_____ State:_____ Zip: _____ Phone: ( )_____ FAX: ( ) _____

1. Concisely describe the specific business activity _____
   _____
   _____
2. What is the square footage of the space your business will occupy? _____ square feet
3. How many parking spaces are provided for your business*? _____ spaces
   *Check box if the building complex provides parking ☐
4. Does the business use or store hazardous materials/chemicals? ☐ Yes ☐ No
   If YES, applicant must complete hazardous materials questionnaire (available at Community Development).

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 **Date**

Based upon the information provided above, the following items are required. Final approval by the Community Development Department IS NOT GRANTED until the items listed below and on-site inspections are completed.

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

APN		☐ ADDRESS VERIFIED IN KIVA
Zoning		
Use Classification and Comments	_____ _____ _____	
Check all that are required:	☐ Conditional Use Permit #_____ ☐ Design Review #_____ ☐ Vehicle Travel Distance #_____ ☐ Pre-existing Use _____	☐ Temporary Use Permit #_____ ☐ Variance # _____ ☐ Zone Change # _____ ☐ Other _____
Status:	☐ **PERMITTED** ☐ **PENDING** subject to approval of items listed above ☐ **DENIED**	_____ Applicant Initials
Checked by:	_____ **Date:** Community Development	_____ **Date:** Redevelopment

***PLEASE WRITE LEGIBLY AND ENSURE DATA IS CLEARLY TRANSFERRED ON ALL PAGES**

Executive Suite
Location Acknowledgement Form

This form must be completed by the executive suite and returned to the Business License 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: Please list the phone number assigned to the business.		**Assigned Suite/Office Number:** For businesses occupying a specific suite/office within the location, please list the suite/office number assigned to the business.	
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 set forth in Henderson Municipal Code 4.04.010 which states, ““Executive suites” or “shared office” business means one whose primary business is to maintain a number of individual rooms, cubicles, or offices for use by other businesses and to provide personalized telephone answering and mail service and one or more of the following: a separate business listing in a public area; a reception area with receptionist; a definite number of hours of use of an office; use of a conference or meeting room; exclusive use of an office; availability of secretarial, clerical, and/or data processing staff; availability and use of office equipment.”			
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.

Business License Hours of Operation: Monday – Thursday, 8:00 a.m. to 4:30 p.m.
Phone Number: 702-267-1730
Fax Number: 702-267-1704

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)

Business License Hours of Operation: Monday – Thursday, 8:00 a.m. to 4:30 p.m.
Phone Number: 702-267-1730
Fax Number: 702-267-1704

Checklist

- ❑ Original signed application, notarized (if applicable)
- ❑ Fee ($30 application fee)
- ❑ Driver's license or government-issued photo ID utility bill showing proof of residency at permit location

Home Occupations Section 19.5.7.D.5

(a) Definition

Any activity carried out for gain by a resident conducted as an accessory use in the resident's dwelling unit or accessory building. This does not include live/work dwellings.

(b) Where authorized

A home occupation is permitted as an accessory use in all districts that allow residential uses.

(c) Standards

Home occupations shall comply with the following standards.

(1) Size/Area

A home occupation shall occupy no more than 20 percent of the building floor area, excluding garage space.

(2) Employees

No one other than a resident of the dwelling shall be employed onsite or report to work at the site in the conduct of a home occupation. This prohibition also applies to independent contractors.

(3) Operational

i. There shall be no stock-in-trade other than items that are used for product demonstration or samples or products fabricated by artists or artisans.

ii. A home occupation shall be conducted entirely within a portion of a building, not within a required parking area.

iii. No home occupation may have customers or clients come to the home except by prior appointment, and no more than three customers or clients per hour are allowed.

iv. There shall be no advertising of the address of the home occupation that results in attracting persons to the premises.

v. No kilns exceeding 10 cubic feet in size shall be permitted, and a home occupation shall comply with the performance standards in Section 19.7.8. There shall be no electrical or mechanical equipment not normally found in a residential structure

vi. No home occupation shall be allowed that will create noise, dust, fumes, odors, smoke, glare, vibration, electrical hazards, fire hazards or the storage of hazardous materials, or any other nuisance to a greater degree than normally experienced in the residential district in which the permit is granted.

(4) Exterior appearance and outdoor storage

i. No changes in the exterior appearance of the dwelling to accommodate the home occupation shall be allowed.

ii. No outdoor storage of materials or equipment in conjunction with the home occupation shall be permitted.

(5) Parking/vehicles/traffic

i. Not more than one truck or vehicle incidental to a home occupation shall be kept on the site or on any adjacent street. Commercial vehicles as defined by this code are not permitted.

ii. A home occupation shall not create pedestrian, automobile or truck traffic significantly in excess of the normal amount associated with residential uses in the district.

(d) Prohibited home occupations

(1) No home occupation shall be allowed that will create noise, dust, fumes, odors, smoke, glare, vibration, electrical hazards, fire hazards, the storage of hazardous materials, or any other nuisance to a greater degree than normally experienced in the district in which the permit is granted.

(2) A home occupation shall not create pedestrian, automobile, or truck traffic significantly in excess of the normal amount associated with residential uses in the district where located.

(3)The following uses and activities shall not be conducted as a home occupation:

i. Motor vehicle or marine service/repair;

ii. Beauty or barber shop; or

iii. Restaurants.

(4) No home occupation shall be allowed that is prohibited by the City of Henderson Building Code

(e) Revocation

In cases where the use is not operated in accordance with these standards, authorization to operate a home occupation shall be revoked after 30 days written notice, unless the home occupation is altered to comply.

(f) Appeal

Decisions of the Community Development director regarding home occupations may be appealed by the applicant or owners of property located within 300 feet of the proposed home occupation in accordance with the procedure established in Section 19.6.9.E, Appeals.

Revised (12/14)

Home Occupation Permit

THE CITY OF HENDERSON®

A Place To Call Home

Application Form

Application Fee
$30

Community Development and Services

240 Water St.
P. O. Box 95050
Henderson, NV
89009-5050

Phone: 702-267-1500
Fax: 702-267-1501

cityofhenderson.com

Home Occupation Permit

Application Form

Applicant's Name: _____

Address: _____

ZIP Code: _____ Business Phone: _____

Description of Home Occupation: _____

_____

Applicant's Statement:
I have received a copy of H.M.C.19.5.7.D.5 relating to Home Occupation Permits. I understand the terms and conditions, and the proposed use meets the requirements of H.M.C. 19.5.7.D.5. By signing this document I am acknowledging all the information provided is accurate and correct, including property ownership.

Applicant's Signature _____ Date_____

APPLICANT MUST BRING PICTURE IDENTIFICATION & PROOF OF RESIDENCE AT THE ABOVE ADDRESS
(if not shown on picture identification), e.g., Driver's license, utility bill

Applicant must appear in person with a valid government-issue photo I.D. (e.g., driver's license) and proof of residency at the permit address if it is not shown on photo I.D. (e.g., utility bill with applicant's name and permit address).

If applicant is not the owner of the property, the original notarized signature of the land owner or their authorized representative must be provided to the City of Henderson, prior to issuance of the Home Occupation Permit.

If signed by the landowner's authorized representative, proof of such authority must be provided (e.g., management company approval on company letterhead or power of attorney.)

_____ _____
Property Owner Print Name Property Owner Signature

_____
Property Owner Address

_____
City State Zip

***Notarization is only required if the applicant is not the owner of the subject property.**

NOTARY

State of _____, County of _____
This instrument was acknowledged before me by _____
on _____.

_____
Notary Public

For Office Use Only										
010H#										
Accepted by										
Date										

CDCP-0008 (12/14)

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
FROM	TO	LICENSE FEE
$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 Water Street Henderson, Nevada 89015 • 702-267-1730

State of Nevada SilverFlume

Register for a State of Nevada Business License or Exemption, Worker's Complensation, Nevada Labor Laws, and Nevada Department of Taxation requirements
555 E Washington Ave., Las Vegas, NV 89101
Register online at www.nvsilverflume.gov

Driving directions: Exit I-515 N/US-93 N/US-95 N at Eastern Ave, go north on Eastern Ave. and turn left at E Washington Ave. The Grant Sawyer Office Building, 555 E Washington Ave, will be on your left.

BUSINESS LICENSING IN SOUTHERN NEVADA:

City of Boulder City
401 California St.
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 Pkwy
Las Vegas, NV 89155
702-455-4252
clarkcountynv.gov

STATE AGENCIES AND CONTACTS:

Nevada Secretary of State
555 E Washington Ave
Suite 5200
Las Vegas, NV 89101
1-800-450-8594
nvsos.gov

Department of Taxation
Las Vegas Office:
555 E Washington Ave., Ste 1300
Las Vegas, NV 89101
1-866-962-3707
tax.state.nv.us

Department of Taxation
Henderson office:
2550 Paseo Verde Pkwy, Ste 180
Henderson, NV 89074
1-866-962-3707
tax.state.nv.us

Nevada State Health Division
4150 Technology Way
Carson City, NV 89706
775-684-4200
health.nv.gov/HCQC.htm

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
dmvnv.com

Nevada Department of Business and Industry
555 E Washington Ave.
Ste 4900
Las Vegas, NV 89101
702-486-2750
business.nv.gov

Nevada Division of Industrial Relations
400 W King St.
Ste 400
Carson City, NV 89703
702-486-9080
dirweb.state.nv.us

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 only open Thursdays
8:30 am – 12:30 pm & 1:30-500 pm
702-671-0500
clarkcountynv.gov

City of Henderson
Animal Control
300 E Galleria
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
520 E Lake Mead Pkwy
Suite F
Henderson, NV 89015
702-759-1040
or
330 S. Valley View Blvd
Las Vegas, NV 89152
702-759-1000
southernnevadahealthdistrict.org

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

Once you have obtained your City of Henderson Business License, you can set up an account online at cityofhenderson.com to pay your semiannual license renewals.

Under the online services tab, click Pay Business License Fees Online, then create a new account.

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

Business Name/DBA/Fictitious Firm Name Filing

The following basic information is provided for your convenience. Copies of your Fictitious Firm Name Form are not required with your City of Henderson Business License application.

Fictitious Firm Name Forms, necessary for filing a fictitious name/DBA, are available at some banks, the Clark County Clerk's Office, or the Clark County web site (www.accessclarkcounty.com). Forms must be completed and signed prior to filing.

Filing Your Fictitious Firm Name Form

Fictitious Firm Name Forms must be filed with the County Clerk. A filing fee (currently $20 but subject to change) is required and forms may be filed at either of the following locations:

Regional Justice Center
200 Lewis Avenue, 5th Floor, Las Vegas, NV 89101
702-671-0500
Directions: From Henderson, travel Northbound on 95. Take the Las Vegas Blvd exit, turning left onto Las Vegas Blvd. Turn right on Bridger, Left on Third and travel 1 block to Lewis.

Henderson City Hall
Marriage Services Office
240 Water Street, Henderson, NV 89015
Services available on Thursday 8:30 am 12:00 pm – 12:30 pm – 5:00 pm

Copies: Copies may be required for other agencies or purposes, such as opening a bank account.

If you have further questions about your business name or filing the name, you will need to contact the Clark County Clerks Office directly at 702-455-2590 or 702-671-0500.

Updated 10/18/2006