



City of Henderson

Non-Profit Organization <802>

Business License Checklist

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

Applications may be submitted via mail or in person. The Business Operations Division requires original signatures on all forms. All items listed on this checklist, unless otherwise noted, must be submitted at the time of application. Incomplete applications will not be accepted. This checklist must be returned with the application.

HMC 4.04.030 (C) – Nonprofit organizations. Any nonprofit organization, so registered with the Internal Revenue Service, is exempt from the imposition of any license fee, except as provided for elsewhere in this title; provided, however, that such organization shall register with the division and if operating at a commercial location in the city, shall be required to have said location inspected by the city for conformance with building, safety, fire, and other regulations, as if a license were required of the establishment.

- Complete **Non-profit Registration Form**
- Proof of registration as a **Non-profit Organization** with the **Nevada Secretary of State**
- Proof of application with the **Internal Revenue Service** for 501(c)(3) Tax-Exempt Status*
**Proof of approval by the Internal Revenue Service (IRS) must be submitted to the Business Operations Division within 30 days of receipt thereof or within one year from the application date with the City, whichever occurs first. Failure to provide IRS approval within the specified timeframe will result in the revocation of registration with the City of Henderson.*

If organization is located within a commercial location in Henderson, please provide the following:

- Henderson Commercial-Based Businesses:**
Zoning Compliance Checklist to be submitted to the Community Development Department and Services, 702-267-1500 (A license will not be issued until all requirements and conditions have been met.) A site plan or building layout that clearly identifies the location that the business will be occupying is required for all applications.
*Businesses operating from an “Executive Suite” must provide an **Executive Suite Location Acknowledgement form** which will be supplied to the applicant by the “Executive Suite”. Businesses operating from a “Shared Office” must provide a **copy of the contract or agreement**. (Locations must meet requirements set forth in HMC 4.04.010).*

This is a one-time filing. However, you must notify the Business Operations Division of any changes to name and/or address.

Note: Organizations wishing to solicit charitable contributions while standing on median strips or sidewalks within the City of Henderson must obtain a Special Event Permit from the Henderson Police Department after registering as a Non-profit organization with the Business Operations Division. In addition, charitable solicitation on the median strip of any highway or sidewalk adjacent to a highway within the jurisdiction of the State of Nevada, Department of Transportation (NDOT) will require a permit from NDOT.

Business License Hours of Operation: Monday-Thursday, 8:00 a.m. to 4:30 p.m.

Phone: 702-267-1730 • Fax: 702-267-1704 • <http://www.cityofhenderson.com>

Revised 05/26/2016



City of Henderson

Registration of Non-Profit Organizations

240 Water Street ♦ Henderson NV ♦ 89015 ♦ 702-267-1730

<input type="checkbox"/> New Registration		<input type="checkbox"/> Change in Name		<input type="checkbox"/> Additional Location		<input type="checkbox"/> Change in Location	
Name of Organization:						If in commercial location, anticipated opening date:	
Other names by which the organization is known:							
Local Contact:			Phone:		Fax:		
Organization Address (main location if affiliated with a national organization): Street:				Mailing Address: Street:			
City, State, Zip:				City, State, Zip:			
Please identify the organization structure:							
<input type="checkbox"/> Association		<input type="checkbox"/> Individual			<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability Company			<input type="checkbox"/> Foreign Limited Partnership		
<input type="checkbox"/> Foreign Corporation		<input type="checkbox"/> Foreign Limited Liability Company					
Please list all locations within the City of Henderson:							
Location Name:						Phone Number	
Address:		City:		State:	Zip:		
Location Name:						Phone Number	
Address:		City:		State:	Zip:		
Location Name:						Phone Number	
Address:		City:		State:	Zip:		
Organization Activities: Please provide a concise description of the activities to be conducted at each location. Attach additional pages if necessary.							

Certification							
(I) (We), the undersigned have answered all questions in the above registration, and to the best of my (our) belief all answers are true and correct.							
Signature of Applicant:						Date:	

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

DBA/Name of Proposed Business: _____

Applicant / Contact Name: _____

Address of Proposed Business: _____ Suite # _____ Henderson, NV _____

Phone: () _____ Cell: () _____ **Anticipated start date of business:** _____

Email: _____

Ownership Status: New Business Change of Ownership Business Name Change

1. Concisely describe the specific business activity: _____

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

If YES, applicant must complete hazardous materials questionnaire (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.

* **Nonresidential 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

Date

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		<input type="checkbox"/> ADDRESS VERIFIED
Zoning		<input type="checkbox"/> HOME-BASED BUSINESS
Use Classification and Comments	_____ _____	
Check all that are required:	<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 _____	
Checked by:	_____ Community Development	Date: _____ _____ Applicant Initials

*PLEASE PRINT ALL INFORMATION LEGIBLY *