



City of Henderson

Non-profit organization

Business License Checklist

240 S. 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** (A separate registration form/application is required for each operating location within the City of Henderson.)
- 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:

- Complete **Zoning Compliance Check Form** to be submitted to the Division after review and completion by the Community Development and Services Department, 702-267-1500. (A license will not be issued until all requirements and conditions have been met.)
Please include with the form:
 - A legible site plan or building layout that clearly identifies the location that the business will be occupying (Non-residential locations only)
 - Copy of contract or agreement (*only for businesses operating from a shared office*)
 - Executive Suite Location Acknowledgement form** (*only for businesses operating from an executive suite*)
 - \$30.00 Home Occupation Fee** (*only to be paid by businesses operating from a residential address in the City*)

AND

- Operational Fire Permit** – Businesses operating from a commercial location in the City may be required to obtain an Operational Fire Permit and, if so, the associated fee must be paid prior to the issuance of the business license, including any Temporary license fees. You will submit the application to DSC Permits Staff for processing and payment. Prior to submittal the Development Services Center Fire Plan Examiners will assist you in completing the Operational Fire Permit Application, which they will provide. If you have questions regarding the Operational Fire Permit or its Application, please contact Senior Fire Inspectors Bradley J. Stasik at 702-275-6253 or Roy A. Rodriguez at 702-265-2372 for assistance.

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 08/06/2019



City of Henderson

Registration of Non-Profit Organizations

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

Mark all that apply:

New Registration Change in Name¹ Change in Location² Other _____

(In the area below, describe all business activity to be conducted with the new activities clearly identified.)

Name of Organization:

Business Name (DBA):

¹ Previous Name:

Anticipated Opening Date in Henderson:

Local Contact:

Business E-mail Address:

Business Phone:

Business Fax:

Organization Address:

Street:

City, State, Zip:

² Previous Business Address:

Mailing Address:

Street:

City, State, Zip:

Organization Structure:

- Association
- Corporation
- Foreign Corporation
- Foreign Limited Liability Company

- Foreign Limited Partnership
- Individual
- Limited Liability Company
- Limited Partnership

Organization Activity: Please provide a concise description of the activities to be conducted at the 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:

**Business License hours of operation: Monday – Thursday, 8:00 a.m. to 4:30 p.m.
Phone: (702) 267-1730 – Fax: (702) 267-1704 – www.cityofhenderson.com**



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: () _____

New Business Change of Ownership Change of Address Updated Business Activity Special Event

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.

***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**

_____ **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	_____ _____ _____	
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
Fire Permit:	<input type="checkbox"/> Required <input type="checkbox"/> Not Required	
		_____ Date
		_____ Fire Plans Initials