

Business Information	
Mark all that apply: <input type="checkbox"/> New Business <input type="checkbox"/> Change in Ownership or Reorganization ¹ <input type="checkbox"/> Change in Name ¹ <input type="checkbox"/> Change in Location ² <input type="checkbox"/> Additional, or Change to, Business Activity for Currently Licensed Business (In the area below, clearly describe all business activities.)	
Type of Business Organization: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> National Association/FDIC	
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:	
If Operating within Another Business, Provide Name of Business:	
² Previous Business Address:	
Primary Business Contact Information	
Name:	Phone:
Email:	
Business Activities (check all that apply)	
<input type="checkbox"/> Automotive <input type="checkbox"/> Group Care Facility <input type="checkbox"/> Retail Product Sales (New) <input type="checkbox"/> Bank <input type="checkbox"/> Management, Marketing or Consulting <input type="checkbox"/> Social Work, Behavioral Therapy <input type="checkbox"/> Barbershop/Cosmetology <input type="checkbox"/> Massage Therapist/Reflexologist <input type="checkbox"/> Tobacco Product Sales <input type="checkbox"/> Check Cashing <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Contractor <input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____	
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:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:
Name:	Title:	Phone:
Home Address:	City, State, Zip:	DOB:

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:

Proposed Business Name/DBA _____

Applicant/Contact Name _____

Proposed Business Address _____ Executive Suite

Primary Phone _____ Business Cell Email: _____

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).

What is the square footage of the space your business will occupy? _____ square feet

***Home-Based Business Only:** By signing below, you are acknowledging you have read and will comply with the Home Occupation standards in Section 19.9.3.E 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. A notarized form is required if the applicant is not the property owner.

***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.

***Animal related services for home-based businesses** require internal review prior to approval.

The information provided is accurate and correct:

Applicant Signature

Date

Property Owner Signature

Date

* A notary is required for the property owner's signature for all home-based business applications when the applicant is not the property owner.

NOTARY

State of _____ County of _____

The instrument was acknowledged before me by _____

on _____

Notary Public _____

Final approval by the Community Development Department is **not granted** until the items below and City Inspections are completed.

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

APN	_____	<input type="checkbox"/> Address Verified	<input type="checkbox"/> Redevelopment Overlay
ZONING	_____	<input type="checkbox"/> Home Based Business	
USE CLASSIFICATIONS 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"/> Distance Separation Analysis # _____	<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 _____ Fire Plans Initials _____		

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Pursuant NRS 244.33505 and NRS 268.0955)

Business Name (Include any name doing business as)		Type of Business	Business Telephone Number
Business Address	City	State	Zip Code
Federal Identification Number		Contractor's Board License Number	
Name of Principal Owner (Please Print)		Principal Owner's Telephone Number	
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 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 Number

Applicant's Residence Address City State Zip Code

1. If executed in Nevada: Pursuant to Nevada Revised Statutes (NRS) 53.045, I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ (date) _____ (signature)

2. Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on _____ (date) _____ (signature)

Form instruction and general information:

1. The top section will be completed with information about the business and ownership.
2. The middle section consists of three boxes. Only one box must be checked. Check the first box, if the business has obtained workers' compensation insurance. Please provide the insurance policy effective date and policy number where indicated. Check the second box, if the business meets one of the statutory exemptions or the business has no employees nor hires any contractors/sub-contractors. Check the third box, if the business is self-insured with a valid certificate of insurance. Please provide the self-insured policy effective date and certificate number where indicated.
3. The next to bottom section please check the appropriate box indicating the license application type. Provide applicant information as indicated.
4. The bottom section contains two signature lines. Only one applicant signature and date will be provided. If the form is executed in Nevada, applicant will sign and date the first line. If the form is executed outside of Nevada, applicant will sign and date the second line.

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.



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. With respect to calculating the fee for the **second semiannual period** only, the fee shall be based on the gross revenues for the first five full months plus any gross revenues recognized between the date of issuance and the first date of the following month in accordance with section 4.04.090. 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.

Henderson Municipal Code 4.05.010

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

SilverFlume – NEVADA’S BUSINESS PORTAL

Register online at nvsilverflume.gov to create your entity (ownership structure), file for a State of Nevada Business License, apply for Workers’ Compensation and Nevada Department of Taxation permit. You can also apply for your City of Henderson business license via SilverFlume.

BUSINESS LICENSING IN SOUTHERN NEVADA:

Boulder City 401 California Ave Boulder City, 89005 702-293-9243 bcnv.org	City of Las Vegas 495 S. Main St Las Vegas, 89101 702-229-6281 lasvegasnevada.gov	City of Mesquite 10 E Mesquite Blvd Mesquite, 89027 702-346-2835 mesquitenv.gov	City of North Las Vegas 2250 LV Blvd North North Las Vegas, 89030 702-633-1520 cityofnorthlasvegas.com	Clark County 500 S Grand Central Las Vegas, 89155 702-455-4252 clarkcountynv.gov
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STATE AGENCIES AND CONTACTS:

NV Secretary of State Commercial Recordings Div 2250 Las Vegas Blvd North 4 th Floor (Inside NLV City Hall) North Las Vegas, 89030 702-486-2880 nvsos.org	NV Department of Taxation 700 E Warm Springs Rd 2 nd Floor Las Vegas, 89119 866-962-3707 tax.state.nv.us	NV Division of Industrial Relations – Workers’ Comp. 3360 W Sahara Ave Suite 250 Las Vegas, 89102 702-486-9080 dir.nv.gov/WCS/home/	NV Department of Health and Human Services 4126 Technology Way Suite 100 Carson City, 89706 775-684-4000 dhhs.nv.gov
Southern Nevada Health District 280 S Decatur Blvd Las Vegas, NV 89107 702-759-1000 southernnevadahealthdistrict.org	NV Department of Motor Vehicles 1399 American Pacific Dr Henderson, 89074 702-486-4368 dmvnm.com	NV State Contractor’s Board 8400 W. Sunset Rd Suite 150 Henderson, 89113 702-486-1100 nvcontractorsboard.com	NV Transportation Authority 3300 W Sahara Ave Suite 200 Las Vegas, 89102 702-486-3303 nta.nv.gov

RESOURCES:

Clark County Clerk DBA Filings 500 S Grand Central Pkwy 1 st Floor Las Vegas, 89155 702-671-0600 clarkcountynv.gov	Nevada Small Business Development Center 1951 Stella Lake St Las Vegas, 89106 702-648-6222 nevadasbdc.org	Henderson Animal Control 300 E Galleria Dr Henderson, 89011 702-267-4970, Option 4 cityofhenderson.com	Henderson Chamber of Commerce 400 N Green Valley Pkwy 2 nd Floor Henderson, 89074 702-565-8951 hendersonchamber.com
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or

or

Henderson Office
240 S. Water St
Henderson, 89015
(closed 12PM – 1PM)
Credit/Debit Cards Only

Henderson Office
112 S. Water St
Henderson, 89015
702-606-4711

Be sure to maintain your license!

To register for an online account, visit bizsense.cityofhenderson.com and complete the “New Customer” registration section *reference number is not required*. The email address associated with your online account must be the same email address on file with our office. Please make sure to provide an email address when submitting your application. If you need assistance with connecting your email address to your business license, please email our office at cohbuslc@cityofhenderson.com.

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



NEVADA SECRETARY OF STATE

TO BOOK AN APPOINTMENT FOR COMMERCIAL RECORDINGS DIVISION

SCAN THE QR CODE:

PARA AGENDAR UNA CITA CON LA DIVISION DE REGISTROS COMERCIALES

ESCANEE EL CODIGO QR:



For submitting any **Business licenses, Marks, UCC, Service of Process and Any general questions.**

Para someter cualquier registro de **Licencias Comerciales, Marcas registradas estatales, UCC, Notificaciones de Procedimientos Legales y Cualquier tipo de pregunta.**