



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)
) SS.
 COUNTY OF CLARK)

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



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

HPD 0158

PAGE 1 OF 2

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

PAGE 2 OF 2

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



Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **Henderson Police Dept/COH** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Henderson Police Dept/COH (*name of requesting agency*), 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.
10. 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 Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: 880147

Agency Representative: _____
 PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____



Business Registration Privileged

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

Business Information

Mark all that apply:

- New Business Change in Ownership or Reorganization Change in Name Change in Location
 Additional, or Change to, Business Activity for Currently Licensed Business

- Type of Business Organization:** Sole Proprietor Corporation Limited Liability Company
 General Partnership Limited Partnership National Association/FDIC

Name of Applicant (as filed with nvsos.gov):

Nevada Business ID: NV

Anticipated Opening Date in Henderson:

Business Name (DBA):

Previous Business Name/Ownership:

Email Address:

Phone:

Street Address:

City, State, Zip:

Mailing Address:

City, State, Zip:

Property Owner:

Previous Business Address:

Business Contact Information

Name:

Phone:

Email:

Business Activities (check all that apply)

- Alarm Systems Gaming/Gambling** Mobile Food Vendor Psychic Arts
 Alcohol/Liquor Sales* Hypnotist Pawnbroker Reflexology (Establishment)
 Astrologer Locksmith Product Sales (New) Sexually Oriented
 Auctioneer Massage Establishment Product Sales (Used) ____% Teenage Dancehalls/Nightclubs

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

- Artisan's Beer and Wine Room Estate Distillery Nonprofit Liquor
 Beer/Wine/Spirit-Based Off-Sale Full Liquor Off-Sale (Delivery) Nonrestricted/Limited Gaming
 Beer/Wine/Spirit-Based On-Sale Full Liquor On-Sale Restaurant with Bar
 Beer/Wine/Spirit-Based Tasting Gift Basket Liquor Sport Venue
 Brew Pub Golf Course Liquor Tavern
 Brew Pub-Combo Grocery Store/Internet Sales Urban Lounge
 Catering Liquor Instructional Wine Making Wholesale/Import Liquor
 Craft Distillery Liquor Delivery Support Services Wine Lounge
 Craft Distillery-Combo Liquor Manufacturer Winery

**** GAMING LICENSES ONLY**

- Owner/Operator Space Lease Participation Agreement

With whom is the lease or agreement? _____

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 detailed 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 or revocation of the license. Attach a 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 the required department approvals have been obtained, including but not limited to a Nevada Secretary of State business license, Southern Nevada Health District permit, filing with the Nevada Department of Taxation, and any other documentation required by federal, state and/or local laws.
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 employees.
4. Unless license classification specifically allows, I may not operate the business from any other address than what is listed on this application.
5. I understand we are responsible for maintaining active licenses applicable to the operation of our business, including ensuring the payment of fees in accordance with the appropriate licensing categories.
6. I also understand that payments must be received by the City on or before the expiration date 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. Failure to receive any notification does not constitute a waiver of the payment of license or delinquency fees.
8. I may be subject to disciplinary action including, but not limited to, a notice of violation with civil penalties for each and every day I am in violation of Henderson Municipal Code.
9. Should this application be granted, I accept all terms outlined above and certify that all information provided is accurate to the best of my knowledge. I further acknowledge that I am subject to all applicable federal, state and local laws pertaining to licensure.

Signature of Applicant:

Date:



Business Ownership Interest and Control Disclosure Form

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

The information required on this form is pursuant to HMC Chapter 4.04. Please provide the legal name of the following (use additional copies of this form if necessary):

All owners, officers and business entities with an ownership and/or profit interests in the business.

Name	Title	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

Entity Name and DBA

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
---	---	---	---	---

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 dmvnmv.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
---	---	---	---

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.**