

Business Name: \_\_\_\_\_ Acct Number: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ License Dates: \_\_\_\_\_ to \_\_\_\_\_

Annual License Type: \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Annual License Type: \_\_\_\_\_ Fee \$ \_\_\_\_\_

**\*\* In County ONLY:** **\*\* Employees:** \_\_\_\_\_ Fee \$ \_\_\_\_\_  
If NOT Exempt **\*\* Square Feet:** \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Calculate Employees, Footage and Units **\*\* Commercial Units:** \_\_\_\_\_ Fee \$ \_\_\_\_\_

**ANNUAL / Renewable TOTAL: \$ \_\_\_\_\_**

**ANNUAL FEE**

- \$ **700.00** - Fortunetelling, Palmistry
- \$ **75.00** - **General** - (Businesses located in Storey County)  
*(Requires Building + Fire & Life Safety Inspections)*
- \$ **100.00** - **Home Business** (Exempt from Calculations)  
*(Located in Storey County / Home Occupation Sheet)*
- \$ **100.00** - **Contractors, Professionals**  
*(Copy of NV License or if NOT, Professional License)*
- \$ **135.00** - **Massage/Therapeutic Services**  
*(Need proof-schooling)*
- \$ **475.00** - **Mining, Excavation, Earth-Moving/Processing**
- \$ **.00** - **Non-Profit** - Proof of 501.c(x) Status
- \$ **75.00** - **Out of County** (Except Contractor)
- \$ **250.00** - **Pawn** - (+100.00 if accept Motor Vehicle)
- \$ **475.00** - **Subdivision** - Sales (Commercial)
- \$ **100.00** - **Transportation** - Companies

**FOR: Alarms, Child Care, Escort, Gaming, Liquor, Prostitution, Solicitation (Door to Door) and Utilities**  
**MAKE APPLICATION with the SHERIFF's Business Office**  
**P O Box 498 – Virginia City NV 89440 – (775) 847-0959**

**For businesses located In-County ONLY – Include:**

- \*\* Employees** - (includes persons engaged in the business i.e., Partners or Co-Owners, etc.)

1 to 5	\$ 25.00
5 to 10	\$ 40.00
11 to 25	\$ 75.00
26 to 50	\$ 125.00

Over 50 = \$ 125.00 + \$ 2.00 for each additional employee  
**EXEMPT** - Brothels, Cabaret, Fortunetelling, Special Events, Independent Contractors, Home Occupation, Out-of County.
- \*\* Square Feet** (Building or Site)

1 to 1,999	\$ 15.00
2,000 to 2,999	\$ 31.00
3,000 to 4,999	\$ 63.00
5,000 to 7,499	\$ 94.00
7,500 to 9,999	\$ 125.00
10,000 to 24,999	\$ 188.00
25,000 to 99,999	\$ 250.00
100,000 to 499,999	\$ 500.00
500,000 +	\$ 1,000.00

**EXEMPT** - Brothels, Cabaret, Fortunetelling, Special Events, Independent Contractors, Home Occupation, Out-of-County.
- \*\* Units** – *Commercial ONLY*  
\$ 2.00 Per unit fee for apartments, storage units, RV & MH spaces, pay-parking lot spaces. Must also have a General License.  
**EXEMPT** - the rental of three (3) or less Residential Units

Handing out **FLYERS** on the street is **prohibited** by Storey County Code - Must go to County Commissioners.

**HANDYMAN:** Must charge hourly rate; Shall Not Bid Jobs without a Contractor's License or Charge for Materials; NO Structural Framing; NO Electrical; NO Plumbing; NO Mechanical and NO Commercial Construction. NO work can be done that is a violation of NRS Chapter 624.

Quarters to Pay : \_\_\_\_\_ \$ \_\_\_\_\_

**One-Time APPLICATION Fee: \$ **100.00****

**TOTAL payable to Storey County Business License with APPLICATION: \$ \_\_\_\_\_**

# Storey County Community Development BUSINESS LICENSE APPLICATION

**Office Use Only:**

DATE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ LICENSE DATES: \_\_\_\_\_ to \_\_\_\_\_  
 FEES SUBMITTED: \$ \_\_\_\_\_ LIC CLASS: \_\_\_\_\_ SQ. FT: \_\_\_\_\_ EMP: \_\_\_\_\_  
 HOME OCCUPATION:  YES  No NV Contr # \_\_\_\_\_ Exp \_\_\_\_\_ Limit \_\_\_\_\_  
 INSPECTION Required:  YES  No Other Requirements: \_\_\_\_\_

1.  New Business  Change in Ownership  Change in Location  Adding Name to Business  
 2. Corporation Name: \_\_\_\_\_ 3. NV Tax ID: \_\_\_\_\_  
 NV Business License: \_\_\_\_\_  
 4. Corporate Address: \_\_\_\_\_ Business Ph: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
 5. **Doing Business in Nevada as:** \_\_\_\_\_ Email: \_\_\_\_\_  
 6. Mailing Address: \_\_\_\_\_  
 7. Location of Business Operations: \_\_\_\_\_  
 8. Location of Business Records: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 9. Location Business License is Displayed: \_\_\_\_\_

10. Name of Owners(s), Partners, Corporate Officers, Etc. (If individual Ownership, list only one Owner.)  
**Name:** (Last, First, MI) \_\_\_\_\_ **Residence:** (Address, City, State Zip) \_\_\_\_\_  
 Title: \_\_\_\_\_ **Residence Telephone #** ( \_\_\_\_\_ ) \_\_\_\_\_  
**Name:** (Last, First, MI) \_\_\_\_\_ **Residence:** (Address, City, State Zip) \_\_\_\_\_  
 Title: \_\_\_\_\_ **Residence Telephone #** ( \_\_\_\_\_ ) \_\_\_\_\_  
**Name:** (Last, First, MI) \_\_\_\_\_ **Residence:** (Address, City, State Zip) \_\_\_\_\_  
 Title: \_\_\_\_\_ **Residence Telephone #** ( \_\_\_\_\_ ) \_\_\_\_\_  
 11. Name of Local Contact: (Last, First, MI) \_\_\_\_\_ **Residence Address:** (Street, City, State Zip) \_\_\_\_\_  
 Title: \_\_\_\_\_ **Residence Telephone #** ( \_\_\_\_\_ ) \_\_\_\_\_  
 12. Date Business Started in Nevada \_\_\_\_\_ **In-County ONLY:** Commercial Building Sq Ft \_\_\_\_\_ Number of Units \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 13. Describe the Nature Your Business: \_\_\_\_\_  
 14. If you have acquired a Nevada Business or Changed ownership, please complete this section:  
 Date Acquired: \_\_\_\_\_ Name(s) of Previous Owner(s): \_\_\_\_\_

**NOTE: You are not authorized to conduct any business in Storey County until all requirements for this Business License are fulfilled.**  
**I CERTIFY THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only:** TEMPORARY Business License Issued:  Yes  No DATE \_\_\_\_\_  
 INSPECTION Required:  Yes  No Date Inspection Turned in: \_\_\_\_\_  
**DATES:** Building Dept Approval: \_\_\_\_\_ Fire Dept Approval: \_\_\_\_\_ Health Dept. Approval: \_\_\_\_\_ Other: \_\_\_\_\_  
**Commissioner Meeting:** 1<sup>st</sup> READING Date: \_\_\_\_\_ APPROVAL Date: \_\_\_\_\_  
**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# 2014 / 2015 Storey County

## REQUIRED

Business License Account #: \_\_\_\_\_

Sq. Ft.: \_\_\_\_\_ # Employees: \_\_\_\_\_ Units: \_\_\_\_\_

### DISPATCH CENTER INFORMATION

Please complete ALL applicable information. Return ASAP.

We need the following information on record at the Storey County Dispatch Center for emergency response – **this information is mandatory**. This will help in getting viable and accurate response to your place of business in case of an emergency. Persons on this form should be able to respond within 30 minutes, no more than one hour and be available 24 hours a day, 365 days a year. As a safeguard to your business please keep a copy of this form on file and call Storey County Dispatch Center, as information needs to be updated.

Business name: \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Corporate Name (if different than above): \_\_\_\_\_

Corporate main office phone number (if different than above): (\_\_\_\_) \_\_\_\_\_

What is the address at the rear of the building? \_\_\_\_\_  NONE

Is this a residence?  YES  NO \_\_\_\_\_

### Emergency Contact Information:

1. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

2. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

3. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

4. **Building Owner** name: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

**Knox Box** with keys to locked buildings on premises?  Yes  No

(If no, see directions on how to order on back of this form.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

To order a Knox Box for your facility, please follow these steps:

1. Access [www.storeycounty.org](http://www.storeycounty.org)
2. Go to "Department"
3. Choose "Fire Department"
4. Go to Fire Prevention and Code Enforcement
5. Click "Knox Box"
6. Choose Knox-Box 3200 Series
7. Under Department Name Enter "Storey" –or- enter zip code
8. Click "Storey County Fire Department"
9. Choose the device that fits your needs. NOTE: You do NOT have to have the tamper switch installed.
10. Complete Installation Address Page
11. Choose "Check Out"
12. Complete Payment Method

If you have any questions or need assistance with the process, please feel free to Contact Fire Prevention - Patty Blakely at (775) 847-0954.

## Storey County Code ~

### 15.04.080 Fire department access and safety.

A. Approved numbers or addresses shall be placed on all new and existing building or positioned on property as to be plainly visible and legible from the street or road fronting the property. Numbers shall be at least twelve inches in height for commercial buildings, and shall be of a contrasting color.

B. Key Boxes on Commercial Business and Residences with Automatic Alarm Systems. When access by emergency personnel to or within a structure or property is unduly difficult because of secured openings and where immediate access is necessary for lifesaving or firefighting purposes, the designated fire official may require a key box to be installed in an accessible location on building or property. The chief may require commercial buildings and residences with automatic alarm systems to be provided with key boxes. The key box shall be a type approved by the designated fire official and shall be approved prior to installation. Such key boxes shall contain the following:

1. Keys to all locked points of exterior entry of building.
2. Keys to all locked interior doorways.
3. Keys to locked mechanical rooms.
4. Keys to locked fire equipment rooms.
5. Keys to locked electrical rooms.
6. Keys to elevator controls.
7. Keys to other areas of the building or property as directed by the designated fire official.
8. The property manager shall immediately notify the Storey County Fire Prevention Department and provide the new key when a lock is changed or rekeyed. The keys shall be secured in the Knox Box by SCFD personnel.

C. Required Access. Fire apparatus access roads shall be provided for every facility, building or portion of a building constructed or moved into or within the jurisdiction when any portion of the facility or any portion of an exterior wall of the first story of the building is located more than one hundred fifty feet from the fire apparatus access as measured by an approved route around the exterior of the building or facility.

D. Surface. Fire apparatus access roads shall be designed and maintained to support the imposed loads of the fire apparatus and shall be provided with a surface so as to provide all-weather driving capabilities.

E. Turning Radius. The turning radius of a fire apparatus access road shall be as approved by the fire chief.

F. Dead Ends. Dead-end fire apparatus access road in excess of one hundred fifty feet in length shall be provided with approved provisions for the turning around of fire apparatus.

G. Fire Break Clearance. A minimum thirty-foot fire break clearance around the structure must be provided and maintained per NRS 472.041. This must be completed prior to issuances of a certificate of occupancy or safety seal.

(Ord. 172 §. 1(part), 2000)

**STOREY COUNTY FIRE / LIFE SAFETY**  
**In-County**  
**BUSINESS LICENSE APPLICATION REQUIREMENTS**

For Information Contact:  
Storey County Building Department (Shannon Gardner) at (775) 847-0966 OR  
Fire Plans Examiner (Fritz Klingler) at (775) 351-5936

**TITLE:** Storey County Fire Department and/or Storey County Fire Protection District **POLICY** for business license application.

**PURPOSE:** All “In-County” businesses applying for license in Storey County shall have the premises reviewed and inspected to current Fire and Life Safety standards.

**SCOPE:** Current Fire and Life Safety standards shall apply to the construction, alteration, moving, demolition, repair and use of any building or structure within the jurisdiction which is required to obtain a business license.

**APPLICATION to EXISTING BUILDINGS and STRUCTURES**

**A. GENERAL:** Buildings and structures which require a license to conduct business in this jurisdiction shall provide plans for Fire and Life Safety review to the Storey County Fire Department and/or the Storey County Fire Protection District office(s), pay a fee based on the valuation of the building changes, if any, (see scope above) before use or occupancy.

**EXCEPTION:** Any new business license application which is the result of the purchase of an **existing business** where the existing business will continue **unchanged** with regard to type of products or services performed, i.e., use and occupancy is not required to provide plans for review, unless the purchase includes the **building or structure or legal property**.

**B. EXISTING OCCUPANCIES:**

(1) Businesses in existence at the time of adoption of this policy may have their existing use or occupancy continued, if such use or occupancy was legal at the time of adoption of this policy, provided such continued use is **not dangerous** in regards to Fire and Life Safety.

(2) All changes to existing businesses shall be reviewed for Fire and Life Safety standards and those changes shall include remodel, repair, improvement, alteration or different floor display arrangement.

**EXCEPTION:** If in the opinion of the Fire Chief or his duly authorized agent, the changes **do not** impose any hazard to Fire and Life Safety requirements.

**Effective date of this policy: January 30, 1985**  
**Revised: January 4, 2000**

## **In-County Businesses INSPECTIONS**

**ALL** businesses located in Storey County require inspection by Storey County Building and Fire Departments and, in the case of food-prep businesses, by Nevada State Health (see attached form **example**).

Requirements:

- 1) Submit Business License application with appropriate fee;
- 2) To schedule an inspection once your business is totally set up and you are ready to open, please contact:  
Building Dept – Shannon Gardner at 742-1960 or 847-0966;  
Fire Dept – Patty Blakely at 847-0954 or 315-9974;  
Or Fritz Klingler at 847-0954 or 351-5936  
State Health – Paul Cohen at 687-7571;
- 3) If you have not been given an Inspection form, please contact our office prior to scheduling your inspection at 847-0966.
- 4) Present the form to each required Inspector. When completed, you are responsible to get the original to the Business License office at 110 Toll Road on the Gold Hill Divide in Virginia City or mail to P O Box 526 ~ Virginia City NV 89440

Please feel free to call 847-0966 with any questions. *Thank you!*

# Storey County BUSINESS LICENSE INSPECTION SHEET

DATE APPLIED: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

RESPONSIBLE PARTY NAME: \_\_\_\_\_

BUSINESS PHYSICAL STREET ADDRESS: \_\_\_\_\_

The following departments must be contacted for an appointment for on-site inspections and, if applicable, plans must be submitted for review before your inspection.

**BUILDING DEPARTMENT:**

110 Toll Road, Gold Hill Divide  
(775) 847-0966

**\*\* Conditional Approval:**  YES  NO

Estimated Completion Date: \_\_\_\_\_

(\*\*Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Inspection Required?

YES  NO

Final Approval Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

**FIRE & LIFE SAFETY INSPECTION**

Completed by Fire Marshal  
(775) 315-9974

**\*\* Conditional Approval:**  YES  NO

Estimated Completion Date: \_\_\_\_\_

(\*\*Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Inspection Required?

YES  NO

Final Approval Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

**NEVADA STATE HEALTH DEPT:**

4150 Technology Way, Suite 101, Carson City  
(775) 687-7573 (Deborah Green)

**\*\* Conditional Approval:**  YES  NO

Estimated Completion Date: \_\_\_\_\_

(\*\*Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Inspection Required?

YES  NO

Final Approval Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

**\*\* Conditional Approval:** Copy to Building office with Conditions, for consideration of a Temporary Business License.  
(Retain Original until ALL required inspections are final.)

**Final Approval** - Return ORIGINAL to Storey County Building office upon completion.

Received by **SCBD** on \_\_\_\_\_ at \_\_\_\_\_ By: \_\_\_\_\_

**Original** MUST be returned to Business License/Building Department office prior to issuance of license.