

## **Applying for a Storey County Business License**

### **\*\*FOOD TRUCKS\*\***

In this package, please find the Storey County Business License Application (2 pages) and D-25 form. Please complete and return to [businesslicense@storeycounty.org](mailto:businesslicense@storeycounty.org). Include proof of your State license, <https://www.nvsilverflume.gov/home>

**\*\*NOTE:** An inspection done by a Community Development, Fire inspector AND Nevada State Health are required before issuing a license. (see page 6)

You must contact Amber Durfee with State Health first at 775-431-0339 or [adurfee@health.nv.gov](mailto:adurfee@health.nv.gov).

After completing the applications for both Community Development and State Health, an inspection of the food truck will be scheduled. This will be located at 1705 Peru.

At the end of this packet is an inspection checklist as well as a food truck guide.

Once we've received this documentation, we'll verify and set up an account for you. We will send you a link to pay online (online payment fee applies) or you can send a check to our PO Box. Once fees are paid and the inspection is complete, we'll send you a temporary business license until a permanent license is mailed.

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

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

Annual License Type: Out of County - Food Truck 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
  - \$ 25.00 - **General** - (Businesses located in Storey County)  
*(Requires Building + Fire & Life Safety Inspections)*
  - \$ 25.00 - **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:** \$ **25.00**

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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.

**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 E. 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 Department  
(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: \_\_\_\_\_

**HEALTH DEPT:**

500 Damonte Ranch Pkwy. Ste. 657 Reno, NV  
(775) 431-0339

**\*\* 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: \_\_\_\_\_

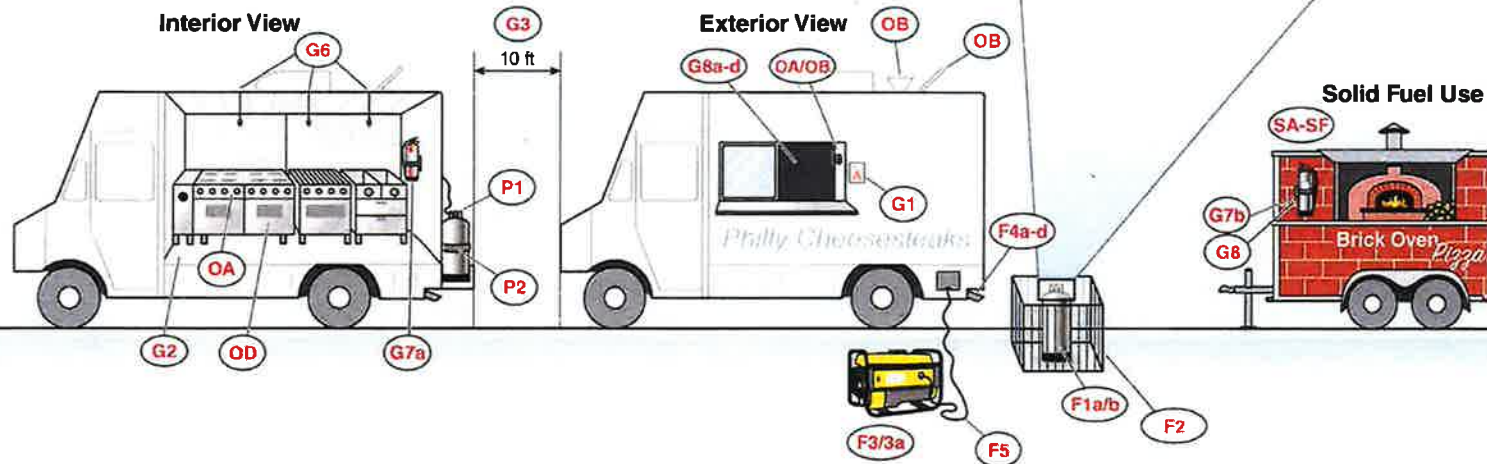
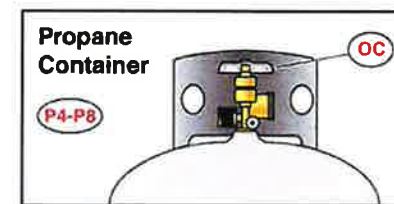
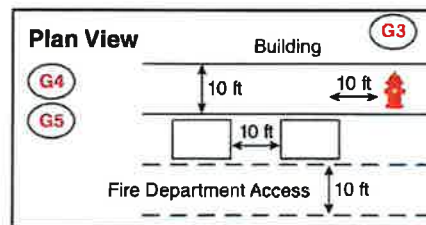
**\*\* Conditional Approval:** Copy to Business License office with Conditions, for consideration of a Temporary License.  
(Retain Original until ALL required inspections are final.)

**Final Approval** - Return White copy to Storey County Community Development office (847-0966).

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



# FACT SHEET » Food Truck Safety



## NATIONAL FIRE PROTECTION ASSOCIATION

The leading information and knowledge resource on fire, electrical and related hazards

NOTE: This information is provided to help advance safety of mobile and temporary cooking operations. It is not intended to be a comprehensive list of requirements for mobile and temporary cooking operations. Check with the local jurisdiction for specific requirements. This safety sheet does not represent the official position of the NFPA or its Technical Committees. The NFPA disclaims liability for any personal injury, property, or other damages of any nature whatsoever resulting from the use of this information. For more information, go to [nifa.org/foodtrucksafety](http://nifa.org/foodtrucksafety).

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## FACT SHEET » Food Truck Safety (continued)

NFPA code references are provided at the end of each item. The red keys correspond to the NFPA food truck safety diagram. For more detailed information, see Annex B in NFPA 96.

### GENERAL SAFETY CHECKLIST

- Obtain license or permits from the local authorities. [1:1.12.8(a)] **G1**
- Ensure there is no public seating within the mobile food truck. **G2**
- Check that there is a clearance of at least 10 ft away from buildings, structures, vehicles, and any combustible materials. [96:7.8.2; 96:7.8.3 for carnivals only] **G3**
- Verify fire department vehicular access is provided for fire lanes and access roads. [1:18.2.4] **G4**
- Ensure clearance is provided for the fire department to access fire hydrants and access fire department connections. [1:13.1.3; 1:13.1.4; 1:13.1.5] **G5**
- Check that appliances using combustible media are protected by an approved fire extinguishing system. [96:10.1.2] **G6**
- Verify portable fire extinguishers have been selected and installed in kitchen cooking areas in accordance with NFPA 10. [96:10.9.3] **G7a**
- Where solid fuel cooking appliance produce grease-laden vapors, make sure the appliances are protected by listed fire-extinguishing equipment. [96:14.7.1] **G7b**
- Ensure that workers are trained in the following: [96:B.15.1]: **G8**
  - Proper use of portable fire extinguishers and extinguishing systems [10:1.2] **G8a**
  - Proper method of shutting off fuel sources [96:10.4.1] **G8b**
  - Proper procedure for notifying the local fire department [1:10.14.9 for carnivals only] **G8c**
  - Proper procedure for how to perform simple leak test on gas connections [58:6.16, 58:6.17] **G8d**

### FUEL & POWER SOURCES CHECKLIST

- Verify that fuel tanks are filled to the capacity needed for uninterrupted operation during normal operating hours. [1:10.14.10.1 for carnivals only] **F1a**
- Ensure that refueling is conducted only during non-operating hours. [96:B.18.3] **F1b**
- Check that any engine-driven source of power is separated from the public by barriers, such as physical guards, fencing, or enclosures. [96:B.16.2.2] **F2**
- Ensure that any engine-driven source of power is shut down prior to refueling from a portable container. [1:11.7.2.1.2] **F3**
- Check that surfaces of engine-driven source of power are cool to the touch prior to refueling from a portable container. **F3a**
- Make sure that exhaust from engine-driven source of power complies with the following: **F4**
  - At least 10 ft in all directions from openings and air intakes [96:B.13] **F4a**
  - At least 10 ft from every means of egress [96:B.13] **F4b**
  - Directed away from all buildings [1:11.7.2.2] **F4c**
  - Directed away from all other cooking vehicles and operations [1:11.7.2.2] **F4d**
- Ensure that all electrical appliances, fixtures, equipment, and wiring complies with the NFPA 70®. [96:B.18] **F5**

For more of these resources,  
become an NFPA member

### PROPANE SYSTEM INTEGRITY CHECKLIST

- Check that the main shutoff valve on all gas containers is readily accessible. [58:6.26.4.1(3)] **P1**
- Ensure that portable gas containers are in the upright position and secured to prevent tipping over. [58:6.26.3.4] **P2**
- Inspect gas systems prior to each use. [96:B.19.2.3] **P3**
- Perform leak testing on all new gas connections of the gas system. [58:6.16; 58:6.17] **P4**
- Perform leak testing on all gas connections affected by replacement of an exchangeable container. [58:6.16; 58:6.17] **P5**
- Document leak testing and make documentation available for review by the authorized official. [58:6.26.5.1(M)] **P6**
- Ensure that on gas system piping, a flexible connector is installed between the regulator outlet and the fixed piping system. [58:6.26.5.1(B)] **P7**
- Where a gas detection system is installed, ensure that it has been tested in accordance with the manufacturer's instructions. [96:B.19.2.1] **P8**

### OPERATIONAL SAFETY CHECKLIST

- Do not leave cooking equipment unattended while it is still hot. (This is the leading cause of home structure fires and home fire injuries.) **OA**
- Operate cooking equipment only when all windows, service hatches, and ventilation sources are fully opened. [96:14.2.2; 96:14.2.3] **OB**
- Close gas supply piping valves and gas container valves when equipment is not in use. [58:6.26.8.3] **OC**
- Keep cooking equipment, including the cooking ventilation system, clean by regularly removing grease. [96:11.4] **OD**

### SOLID FUEL SAFETY CHECKLIST (WHERE WOOD, CHARCOAL, OR OTHER SOLID FUEL IS USED)

- Fuel is not stored above any heat-producing appliance or vent. [96:14.9.2.2] **SA**
- Fuel is not stored closer than 3 ft to any cooking appliance. [96:14.9.2.2] **SB**
- Fuel is not stored near any combustible flammable liquids, ignition sources, chemicals, and food supplies and packaged goods. [96:14.9.2.7] **SC**
- Fuel is not stored in the path of the ash removal or near removed ashes. [96:14.9.2.4] **SD**
- Ash, cinders, and other fire debris should be removed from the firebox at regular intervals and at least once a day. [96:14.9.3.6.1] **SE**
- Removed ashes, cinders, and other removed fire debris should be placed in a closed, metal container located at least 3 ft from any cooking appliance. [96:14.9.3.8] **SF**

### NFPA RESOURCES

NFPA 1, *Fire Code*, 2015 Edition  
NFPA 1 *Fire Code Handbook*, 2015 Edition  
NFPA 58, *Liquefied Petroleum Gas Code*, 2017 Edition  
*LP-Gas Code Handbook*, 2017 Edition  
NFPA 70®, *National Electrical Code*®, 2017 Edition  
*National Electrical Code*® *Handbook*, 2017 Edition

NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 2017 Edition  
NFPA 96: *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Handbook*, 2017 Edition