

STOREY COUNTY BUSINESS LICENSE FEE WORKSHEET

Business Name: _____ **Acct. Number** _____

License Dates: _____ to _____

Annual License Type _____ **Fee \$** _____

Annual License Type _____ **Fee \$** _____

Employees: _____ **Fee \$** _____

Square Feet: _____ **Fee \$** _____

Number of Units: _____ **Fee \$** _____

Quarterly License Type _____ **Fee \$** _____

Investigation Fee _____ **Fee \$** _____

_____ **Quarters to Pay upon application:** _____ **Pro-rated Fee\$** _____
No. Qtrs.

Application Fee \$ \$25.00

GRAND TOTAL \$ _____

To Calculate a License:

Determine the Category (Multiple Categories May Apply)

Any application submitted between April 1 and December 30 of any year must be charged the last quarter plus the following year. The fee will be calculated at the yearly fee plus a one-quarter proration fee in all categories, including square footage and employee fees.

ANNUAL FEE

- \$ 150.00 Cabaret & live Entertainment
- \$ 250.00 Escort **(Must hold Brothel License)**
- \$ 700.00 Fortunetelling, Palmistry (Only 1-per 5000 population allowed)
- \$ 3,000.00 Brothel investigation fee **per** owner, manager or agent
- \$ 1,000.00 Liquor Investigation Fee Primary Owner + 500.00 each additional person added to Liquor License
- \$ 100.00 Liquor, Off Sale (For Stores)
- \$ 500.00 Liquor, On Sale (Valid also for Off-Sale Bar's)
- \$ 50.00 Liquor-Service Bar-Each
- \$ 135.00 Massage/Therapeutic Services (Need proof-schooling)
- \$ 0 Non-Profit-proof of 501.c(x) Status (hand type license)
- \$ 25.00 Home Occupation (Business conducted in Residence – No foot traffic)
- \$ 25.00 General License (Business conducted in Commercial Building or home with foot traffic)
- \$ 75.00 Out of County (Business where the actual business operations are not located within Storey County)

Square Footage

- 0-1999 15.00
- 2000-2999 31.00
- 3000-4999 63.00
- 5000-7499 94.00

Employees

- 1-5 25.00
- 6-10 40.00
- 11-25 75.00
- 26-50 125.00

FOR ADDITIONAL SQ. FT OR EMPLOYEES
 SEE STOREY COUNTY CODE 5.04.220 & 230

Commercial Units: \$2.00 per unit for apartments (4 or more), storage units 1-4, RV 7 MH spaces, Pay parking lot spaces.

QUARTERLY FEES

- \$ 10.00 Alarms-per each alarm
- \$ 30.00 Gaming-per machine (Need State Gaming License)
- \$ 150.00 Gaming Table- per table (Need State Gaming License)
- \$ 18,750.00 Brothel
- \$ % Gross Utilities Companies

STOREY COUNTY BUSINESS LICENSE APPLICATION

Office Use Only:

DATE: _____ ACCOUNT NUMBER: _____ LICENSE DATES: _____ TO _____

FEES SUBMITTED: _____ LICENSE CLASS: _____ / _____ / _____

1. () New Business () Change in Ownership () Change in Location () Adding Name to Business

2. Corporation Name: _____ 3. Federal Tax I.D. Number: _____

4. Corporate Address: _____

5. Business Telephone #: () _____ Ext. _____ Fax #: () _____ EMAIL: _____

6. **Doing Business in Nevada as:** _____

7. Mailing Address: _____

8. Location of Business Operations: _____ Telephone #: () _____

9. Location of Business Records: _____

10. Location Business License is displayed: _____

11. Name of Owners(s), Partner(s), Corporate Officer(s), Etc. (If individual Ownership, list and state Sole Owner.)

Name: (Last, First, MI) _____ Resident Address: (Street, City, State Zip) _____
Title: _____ Resident Telephone # () _____

Name: (Last, First, MI) _____ Resident Address: (Street, City, State Zip) _____
Title: _____ Resident Telephone # () _____

Name: (Last, First, MI) _____ Resident Address: (Street, City, State Zip) _____
Title: _____ Resident Telephone # () _____

Name: (Last, First, MI) _____ Resident Address: (Street, City, State Zip) _____
Title: _____ Resident Telephone # () _____

12. **Name of Local Contact:** (Last, First, MI) _____ Resident Address: (Street, City, State Zip) _____
Title: _____ Resident Telephone # () _____

13. Business Start Date in Nevada: _____ Commercial Building Square Feet: _____ # of Units: _____ # of Employees: _____

14. Describe the Nature of Your Business: _____

15. 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 FROM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____ Print Name: _____ Date Signed: _____

STOREY COUNTY BUSINESS LICENSE INSPECTION SHEET

BUSINESS NAME: _____

BUSINESS PHYSICAL STREET ADDRESS: _____

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

BUILDING DEPARTMENT:

110 Toll Road, Virginia City
Phone No: (775) 847-0966

* **Conditional Approval:** ____ YES ____ NO

Correct deficiencies for re-inspection by: _____

(Inspector please attach copy of your inspection sheet with conditions)

Inspector Signature: _____

Signature Date: _____

Inspection Required
YES ____ NO ____

Final Approval Date: _____

Inspector Signature: _____

NOTES: _____

PLANNING DEPARTMENT:

110 Toll Road, Virginia City
Phone No: (775) 847-0966

* **Conditional Approval:** ____ YES ____ NO

Correct deficiencies for re-inspection by: _____

(Inspector please attach copy of your inspection sheet with conditions)

Inspector Signature: _____

Signature Date: _____

Inspection Required
YES ____ NO ____

Final Approval Date: _____

Inspector Signature: _____

NOTES: _____

FIRE DEPARTMENT:

Inspection Required
YES ____ NO ____

* **Conditional Approval:** ____ YES ____ NO

Correct deficiencies for re-inspection by: _____

(Inspector please attach copy of your inspection sheet with conditions)

Inspector Signature: _____

Signature Date: _____

Final Approval Date: _____

Inspector Signature: _____

NOTES: _____

NV STATE HEALTH DEPT:

3427 Goni Rd, #108 Carson City
Phone No: (775) 687-7533

* **Conditional Approval:** ____ YES ____ NO

Correct deficiencies for re-inspection by: _____

(Inspector please attach copy of your inspection sheet with conditions)

Inspector Signature: _____

Signature Date: _____

Inspection Required
YES ____ NO ____

Final Approval Date: _____

Inspector Signature: _____

NOTES: _____

Conditional Approval - Copy to the Sheriff's Office with Conditions (for consideration of a Temporary Business License). Retain the original until all required inspections are final. (Retain Original until all required inspections are final.)
Final Approval - Return the Original Inspection Sheet to the Sheriff's Business Office.

**STOREY COUNTY SHERIFF'S OFFICE
DISPATCH CENTER INFORMATION**

We need the following information on record at the Storey County Dispatch Center for emergency response. This information will help in getting viable and accurate response to your place of business in case of an emergency. 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.

Name of business: _____

Business Phone Number: () _____

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

Physical address of business: _____

Does this business produce hazardous materials? YES _____ NO _____

If yes what type? _____

What is the address at the rear of the building? _____

Is this a residence? YES _____ NO _____

Name of Alarm Company: _____

Alarm Company phone number: () _____

Type of alarm: (Circle all that apply) burglary, fire, medical, panic, silent, audible

Does this alarm reset itself? YES _____ NO _____

Is there a gun or a dog on the premises? DOG _____ GUN _____ NEITHER _____

Emergency Contact Information:

1. Name of Responsible contact: _____

Emergency contact phone number(s): Home () _____ Cell () _____

Connection to the business: _____

Will this person have keys to the business and are they willing to respond in case of an emergency?

(Circle all that apply) HAS KEY WILLING TO RESPOND NEITHER

2. Name of responsible contact: _____

Emergency contact phone number(s): Home () _____ Cell () _____

Connection to the business: _____

Will this person have keys to the business and are they willing to respond in case of an emergency?

(Circle all that apply) HAS KEY WILLING TO RESPOND NEITHER

3. Building Owner name: _____

Emergency contact phone number(s): Home () _____ Cell () _____

Connection to the business: _____

Will this person have keys to the business and are they willing to respond in case of an emergency?

(Circle all that apply) HAS KEY WILLING TO RESPOND NEITHER

Does the Sheriff's Office have a key to this building? YES _____ NO _____

Print Name

Signature

Date