

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

## Nevada State Business License Sole Proprietor Registration

Application
Renewal

## Online application is also available at www.nvsilverflume.gov

**USE BLACK INK ONLY - DO NOT HIGHLIGHT** 

PRINT LEGIBLY OR TYPE ALL INFORMATION

Completing this form <u>DOES NOT</u> relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

\* Asterisks indicate **required** information. Incomplete forms will be rejected.

## **INSTRUCTIONS:**

- 1. This application is for the use of a sole proprietor doing business in the state of Nevada.
- 2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 **DO NOT** use this form. Please submit a State Business License Exemption form.
- 3. Return the completed application with the \$200.00 business license fee. Refunds are not available on improperly filed applications.
- 4. File online at www.nvsilverflume.gov or return the completed form to the Secretary of State by fax to (775) 684-5725; by email to newfilings@sos.nv.gov; or, by mail to 202 North Carson Street, Carson City, Nevada 89701-4201.
- 5. If paying by check, make your check payable to the Secretary of State. If paying by credit card, you must complete and attach an ePayment Checklist available at www.nvsos.gov in the Forms Library under the Resources section of the Business Center.
- 6. The sole proprietor applying for the State Business License must sign the application. FORM WILL BE RETURNED IF UNSIGNED.

1*	Signature must be that of the sole point in the	t the information pro	ory C felony to know	ingly offer a	any false or forged instrument fo	r filing i	elief and in the Office of the		
	First Name	Middle (Optional)		Last Name			Suffix		
	X								
	Signature of Sole Proprietor		Date						
	Spouse, required only if to be listed on license								
	First Name	Middle (Optional)		Last Name			Suffix		
	x								
	Signature of Spouse		Date						
2*	NV Business ID #		(Required - Number	on State Bu	siness License)				
3	You may add up to four businesses associated with this sole proprietor. Entries into this section <u>do not</u> relieve you of other business license or DBA filings required by local/county offices.								
	Business 1.		2.						
Name(s) 3. 4.									
4*	Dhysical Address								
	Physical Address Physical Street Ad	dress			City	State	Zip Code		
5	Mailing Address					1			
	(if different) PO Box or Street	Address			City	State	Zip Code		
6	Entity Phone ( )								
7	Email Address				Check here to receive notice	es electi	onically		
1	Email Address				Check here to receive notice	s electi	ronically		