BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Nevada State Business License Partnership 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 DOES NOT 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 partnerships doing business in 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. A partner of the partnership applying for the State Business License must sign the application. ***FORM WILL BE RETURNED IF UNSIGNED.***

1*

Signature must be that of a partner of the partnership.

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

I understand that if I close or cease to do business for which this license is issued, that I must cancel this license on or before its expiration date. Failure to do so will result in late fees or penalties which cannot be waived. There is no fee for cancellation.

First Name | Middle (Optional) | Last Name | Suffix | Title

X _____ Signature of Partner

Date

2* Partnership Name

3* NV Business ID # (Required if Renewing - Number on State Business License)

4 You may add up to four businesses associated with this partnership. Entries into this section *do not* relieve you of other business license or DBA filings required by local/county offices.

Business Name(s) 1. 2. 3. 4.

5* Physical Address

Physical Street Address | City | State | Zip Code

6 Mailing Address (if different)

PO Box or Street Address | City | State | Zip Code

7 Entity Phone ( )

8 Email Address

This form must be accompanied by appropriate fees. See instructions.

Reset

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ePayment Checklist
(For Counter, Fax and Mail Requests)

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Service Type: ☐ Counter ☐ Mail ☐ Fax

Order Processing Requested: **(Expedite Processing *Requires* Additional Fees)**

☐ Regular Processing ☐ **24-HOUR** Expedite ☐ **2-HOUR** Expedite ☐ **1-HOUR** Expedite

Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number: V CODE*

* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

NOTICE: *For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month Year

Amount to Charge Card: USD $

Order Information *(required)*

Entity Name/Order Reference:

Card Holder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X

Authorized Signature

Not to Exceed Amount: USD $

Reset