



CITY OF MESQUITE

BUSINESS LICENSE CHECKLIST

Incomplete applications will not be accepted

Businesses maintaining a physical location in the city require Planning and Zoning approval as well as a Certificate of Occupancy for the building/fire inspections prior to the issuance of the business license.

The indicated (**) paperwork is mandatory and must be attached:

- _____ 1. Planning & Zoning approval (**Only** required if maintaining a physical location in the city)
Please contact the Planning and Zoning at 702-346-2835, to verify if the physical location is zoned for the type of business you are conducting.

- _____ 2. ****Completed Business License Application**

- _____ 3. ****[State of Nevada Business License www.nvsilverflume.gov](http://www.nvsilverflume.gov)** issued by the Secretary of State or a copy of the articles of Corporation, Limited Liability, Foreign Corporation, Partnership, or General Partnership filed with the Nevada Secretary of State. (Every business operating in the State of Nevada is required to obtain a State of Nevada Business License from the office of the Nevada Secretary of State. Information on obtaining the license or filing the entity documents for a corporation, LLC, foreign corporation, partnership, general partnership or sole proprietor may be found on their Web page above or by contacting their office at 702-486-2880)

- _____ 4. Proof of [Fictitious Name Record](http://www.clark.nv.us/clerk/FFN) (DBA) www.clark.nv.us/clerk/FFN filed with Clark County (**Only** if applicable) If you are using your legal name you will not need to file with Clark County; if the name of your business is the same as the State of Nevada Business License or articles filed with the State of Nevada Secretary of State. You will not need to file with Clark County

- _____ 5. ****Proof of [State of Nevada Affirmation of Compliance](#) with Mandatory Industrial Insurance Requirements (Workers' Compensation Insurance)** If you do not hire employees, you may file and exemption of workers' compensation insurance. Please complete the State of Nevada Division of Industrial Relations Affirmation of Compliance with Mandatory Industrial Insurance application.

- _____ 6. Sales Tax Number (**Only** if applicable) nevadatax.nv.gov
Every business intending to sell tangible goods requires a State of Nevada sales tax permit. Please contact the State of Nevada, Department of Taxation to obtain the sale tax number and any additional information at 866-962-3707 or 702-486-2300.

- _____ 7. Copy of **ANY** Nevada State License for the type of business license you are applying for: [contractor](#), [real estate sales](#), [physician](#), [financial institution](#), [attorney](#), [cosmetologist](#), [barber](#), [massage therapist](#), [pest control](#), etc.

- _____ 8. Business License building inspection (The building inspection is only required when maintaining a business location in the City of Mesquite.)The inspection includes: Fire inspection, Building inspection and Public Works approval. Please complete the Certificate of Occupancy application for the inspections)

- _____ 9. Occupancy permit issued by [Southern Nevada Health District www.snhd.info](http://www.snhd.info). (**Only** if applicable) 702-759-1682, located at 830 Hafen Lane, Mesquite, NV 89027

- _____ 10. Home Occupation Businesses require compliance with the Home Occupation Performance Standards. (A copy of the performance standards will be provided by the business license office.)

Si necesita asistencia en Espanol, por favor pregunte y alguien le ayudara.

12. Type of business to be conducted _____
 Each type of business may require an additional license. (Sexually Oriented Businesses require a different application)

13. Describe in detail the business activity and product(s) or service(s) rendered:

Please check any of the following that may apply to your business: **(Only if applicable)**

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Amusement Machines | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> Retail Sales – Used | <input type="checkbox"/> Retail Sales – New | <input type="checkbox"/> Medical Provider |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Body Piercing/Ear Piercing | <input type="checkbox"/> Beauty Shop with chair(s) | <input type="checkbox"/> Tanning |
| <input type="checkbox"/> Barbershop with chair(s) | <input type="checkbox"/> Check Cashing Service | <input type="checkbox"/> Door to Door Soliciting | <input type="checkbox"/> Jukebox |
| <input type="checkbox"/> Valet Parking | <input type="checkbox"/> Vehicle Sales and/or Service | <input type="checkbox"/> Photo Studio | <input type="checkbox"/> Tobacco |

14. Date of Commencing Business *(In the City of Mesquite)* _____

15. Average Number of Employees _____ Days & Hours of Operation _____

16. Please provide the following numbers:

Federal Tax # <i>(If applicable)</i>	Nevada Secretary of State # <i>(Required)</i>	Nevada Sales Tax # <i>(if applicable)</i>	Occupational License # <i>(If applicable)</i>

17. Is this business conducted from your residence in the City of Mesquite? Yes No

I have read, and agree to comply with the performance standards associated with a home occupation (please read the enclosed performance standards included with this application. Signature _____

18. **BUSINESS LICENSE FEE PAYABLE:** Please make checks payable to **Mesquite City**

Application Business License Fee (\$35.00)	\$ _____
Business License Fee (See Business License Fee Schedule for Applicable Fee)	\$ _____
Additional Fee (such as, Home Occupation Fee)	\$ _____
Total Fee Due	\$ _____

This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when inspections are completed and signed off by the various City departments.

I/we agree to conduct said business in accordance with Mesquite codes governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also understand that falsifying any information on this application constitutes sufficient cause for denial and/or revocation of this license.

Applicant Signature _____ Title _____ Date _____

❖ Mobile Car Wash applicants must comply with the following conditions: <ul style="list-style-type: none"> ○ No water discharged shall enter storm drains or sewer system; water shall be contained on-site. ○ All work must be done outside of Public Right-of-Way. ○ All chemicals shall be environmentally safe to use. Initial Here _____ 	❖ Property Maintenance Licensees must comply with NRS 624.031 (6). I have read and agree to comply with NRS. 624.031 (6) as it applies to the limitations of work of a property maintenance license. Signature _____
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Office Use Only				
License # _____	Date _____	Receipt # _____	Amount _____	<input type="checkbox"/> Gross <input type="checkbox"/> Annual