

NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Completion of this form will provide the common information needed and/or required by participating state and local government agencies. Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

WHO ACCEPTS THIS FORM? The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Also, most local governments accept the form.

WHAT OTHER INFORMATION MUST I PROVIDE? When applying to **Department of Taxation:** All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying to **Employment Security Division:** If you employ agricultural or domestic workers, or are a non-profit agency you must complete a Supplemental Registration (NUCS-4058).

WHO MAY USE THIS FORM? Any person or corporation who is: opening a new business; opening additional locations; changing locations; changing owners, corporate officers or members; or changing a mailing address.

WHERE IS THIS FORM AVAILABLE? This form is available at the participating state and local agencies or by visiting the agency websites listed below. Forms may also be available at Chambers of Commerce and state and local economic development agencies.

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

1. **I Am Applying For:** Check the boxes that apply. Nevada has no central database for business registration. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
2. **Check All Box(es) That Apply.**
3. **Business Entity Type:** Indicate the structure and type of ownership of your business.
4. **Corporate/Entity Name:** If incorporated, enter the name as registered with the Secretary of State. Include a telephone number.
5. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-1040. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
6. **Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
7. **Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
8. **E-mail Address and Website Address:** Enter your business e-mail and website addresses if appropriate.
9. **Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
10. **Location(s) of Nevada Business Operations:** Enter the complete location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations.
11. **Location of Business Records:** Enter the complete address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
12. **List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), Social Security number, date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
13. **Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
14. **Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
15. **Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
16. **Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
17. **Signature Instructions: Make copies first and then sign each copy. Original signatures are required by each state and local agency. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.**

Toll Free (In State) for All State of Nevada Agencies.....		800-992-0900
Nevada Department of Taxation:		
	Website: www.tax.state.nv.us	
Las Vegas.....	555 E. Washington Avenue, Suite 1300 • Las Vegas, Nevada 89101.....	(702) 486-2300
Reno.....	4600 Kietzke Lane, Building L, Suite 235 • Reno, Nevada 89502.....	(775) 688-1295
Carson City.....	1550 E. College Parkway, Suite 115 • Carson City, Nevada 89706.....	(775) 684-2000
Nevada Employment Security Division (ESD):		
	Website: www.nvdetr.org	
Las Vegas.....		(702) 486-0250
Reno.....		(775) 688-2663
Statewide (Mailing).....	500 E. Third Street • Carson City, Nevada 89713-0030.....	(775) 687-4545

If your business has or may have a discharge to the environment or needs a water appropriation permit, the following telephone numbers should be used for information concerning exemptions and to acquire applications:

Nevada Department of Conservation and Natural Resources:		Website: www.dcnr.nv.gov
Environmental Protection Division		(775) 687-4670
Water Resources Division (Water Appropriation)		(775) 687-4380
Nevada Department of Wildlife: (Industrial Artificial Pond Permit)		Website: www.ndow.org
		(775) 688-1500

Local Business License Departments: To obtain the telephone numbers for local license departments check the white pages of the telephone directory under the government name, i.e., Clark County, Reno.

NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

1	I Am Applying For:	<input type="checkbox"/> Unemployment Insurance <small>(Employment Security Division - ESD)</small>	<input type="checkbox"/> State Business License, Sales/Use Tax Permit, Modified Business Tax <small>(Department of Taxation)</small>	<input type="checkbox"/> Local Business License	SEND A COPY TO EACH AGENCY						
2	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address	<input type="checkbox"/> Other				
3	Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp.	<input type="checkbox"/> Publicly Traded Corp.	<input type="checkbox"/> Privately Held Corp.	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Other
4	Corporate/Entity Name:					Corporate/Entity Telephone ()	5	Federal Tax Identification Number			
6	Corporate/Entity Address:		Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4		State of Incorporation or Formation			
7	Nevada Name (DBA):					Business Telephone ()	Fax ()				
8	E-mail Address:					Website Address:					
9	Mailing Address:		Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4					
10	Location(s) of Nevada Business Operations:		Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4					
11	Location of Business Records:		Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4			Telephone Number: ()		
12	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.										
Last, First, MI :		Residence Address (Street)				SSN:		Date of Birth			
Title		Percent Owned	City, State, Zip +4				Residence Telephone				
Last, First, MI :		Residence Address (Street)				SSN:		Date of Birth			
Title		Percent Owned	City, State, Zip +4				Residence Telephone				
Last, First, MI :		Residence Address (Street)				SSN:		Date of Birth			
Title		Percent Owned	City, State, Zip +4				Residence Telephone				
Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip +4				SSN:		Residence Telephone			
13	Date Business Started in Nevada	Date Business Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll	Number of Employees					
14	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS										
<input type="checkbox"/> Mining <input type="checkbox"/> Domestic <input type="checkbox"/> Outside Dining <input type="checkbox"/> Water Appropriation <input type="checkbox"/> Adult Materials/Activity <input type="checkbox"/> Amusement Machines <input type="checkbox"/> Resident Agent <input type="checkbox"/> Service <input type="checkbox"/> Agriculture <input type="checkbox"/> Home Occupation <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Leased or Leasing Employees <input type="checkbox"/> Alcohol <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Tobacco <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Sales—New <input type="checkbox"/> Construction/Erection <input type="checkbox"/> Leasing (Other than Employees) <input type="checkbox"/> Gaming <input type="checkbox"/> Mortgage Brokers <input type="checkbox"/> Delivery <input type="checkbox"/> Transportation <input type="checkbox"/> Retail Sales—Used <input type="checkbox"/> Telephone Solicitation <input type="checkbox"/> Supply/Use Temporary Workers <input type="checkbox"/> Health Services <input type="checkbox"/> Banker <input type="checkbox"/> Wholesale <input type="checkbox"/> Not for Profit <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Environmental Discharge <input type="checkbox"/> Regulated by Federal/State Permit Number _____ <input type="checkbox"/> Other _____											
15	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered.										
State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.											
16	If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:										
Date Acquired/Changed:		Acquired/Changed by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other			Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> In Part						
Name(s) of Previous Owner(s)					Previous Owner(s) Business Name						
Address (Street)				City			State		Zip Code +4		
Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:					Enter Previous Owner(s) ESD Account Number:						
17	I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.										
**Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.											
**Signature Responsible Party / Original					Print Name And Title				Date		
**Signature Responsible Party / Original					Print Name And Title				Date		