



# **LIQUOR AND GAMING LICENSE APPLICATION**

1001 E. 9TH STREET, BUILDING A  
RENO, NEVADA 89512

(775) 328-3733  
[www.washoecounty.us](http://www.washoecounty.us)

## **INSTRUCTIONS AND REQUIREMENTS FOR WASHOE COUNTY LIQUOR AND GAMING LICENSE**

### **All applicants must provide Business License with the following:**

1. **LIQUOR/GAMING LICENSE APPLICATION.** This application is available online at [www.onenv.us](http://www.onenv.us). When completing the application it is important to list all persons who are directly or indirectly involved in the business. Failure to list these individuals could result in denial of the application.
2. **PREMISES.** All applicants will be required to provide a copy of the lease (one year minimum), bill of sale or escrow instructions on the premises.
3. **NEVADA STATE TAXATION.** All applicants will need to provide a letter of clearance, stamp, email, or bill from the Nevada Department of Taxation with this application. Applicants may also provide e-clearance through the Nevada Secretary of State's Office online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov). The Nevada Department of Taxation is located at 4600 Kietzke Ln., Building "L" #235, Reno, Nevada. Their phone number is (775) 687-9999 and their website is [www.nvsilverflume.gov](http://www.nvsilverflume.gov).
4. **STATE BUSINESS REGISTRATION.** All applicants need to register with the Nevada Secretary of State's for the state business registration. Their applications are online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov) or you may pick one up in our office. You may register with them online, by mail or in person at their office located at 202 North Carson Street in Carson City. Their phone number is (775) 684-5708.
5. **STATE INDUSTRIAL INSURANCE.** The applicant needs to complete a Nevada Industrial Insurance affirmation of compliance letter, even if you have no employees. Applicants may also provide e-clearance through the Nevada Secretary of State's Office online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov). If you have employees and have questions, you will need to speak to the Nevada Industrial Insurance at 400 W. King St. #400, Carson City, Nevada or at (775) 684-7270.
6. **PARTNERSHIP AGREEMENT OR ARTICLES OF INCORPORATION.** If your business is formed under a partnership you are required to provide an executed copy of the partnership agreement. If under a corporation, you must register your corporation with the Nevada Secretary of State's Office and provide a copy of the articles of incorporation or corporate seal with your application to Washoe County.
7. **FICTITIOUS FIRM NAME.** If your business is utilizing a fictitious firm name (DBA), it must be registered with the Washoe County Clerk's Office for businesses located in Washoe County. You need to provide a copy of your fictitious name with your application. The Washoe County Clerk's Office is at 1001 E. 9<sup>th</sup> St. Bldg A – 1<sup>st</sup> Floor, Reno, Nevada or at (775) 784-7287.
8. **PERSONAL HISTORY FORM.** Each owner, officer and director of the business applying for a Washoe County business license must complete a personal history form. All questions must be answered when completing this form and all convictions must be listed.
9. **CHILD SUPPORT STATEMENT.** Each owner of the business needs to complete the child support statement required by NRS 244.33506. Corporations and limited liability companies need to complete the child support exemption statement.
10. **INVESTIGATION.** Each owner, officer and director will be required to have a criminal history background check by going to the Washoe County Sheriff's Office to be fingerprinted. The Sheriff's Office will charge a fee for this investigation.
11. **APPROVALS AND AGENCY SIGN-OFFS.** Business License will provide you with information regarding certain federal, state, county, and city requirements. However, this service is informational and should not be construed as a final or complete interpretation of legal requirements, which must be obtained from the appropriate agency. The applicant will be directed to all applicable agencies for final approval. These agencies may charge fees for any inspections to be made.
12. **FEES.** All license fees will be remitted at the time the application is made. Checks are made payable to Washoe County Business License. Payment may also be made online by a credit or debit card.

**NOTE:** Certain employees of liquor and/or gaming establishments must possess valid work permits and/or alcohol education cards. Contact the Sheriff's Office at (775) 328-3032 for information on work permits and the Nevada Department of Taxation at (775) 687-9999 for information on alcohol education cards.



1 E. 1<sup>st</sup> St – 2<sup>nd</sup> Floor  
 PO Box 1900  
 Reno, NV 89505  
 (775) 334-2090  
 www.reno.gov



431 Prater Way  
 PO Box 857  
 Sparks, NV 89432  
 (775) 353-2360  
 www.cityofsparks.us



1001 E. 9th St. – Bldg A  
 Attn: Business License  
 Reno, NV 89512  
 (775) 328-3733  
 www.onenv.us

I am applying for licensure in - City of Reno      City of Sparks      Washoe County

**Note to license applicant:** Licensure by one jurisdiction does not guarantee a license with another jurisdictions. (Copies Accepted)

**BUSINESS LICENSE APPLICATION**

Number of Personnel if applying in City of Sparks

Please type or print in black or blue ink only.

Full Time \_\_\_\_\_  
 Part Time \_\_\_\_\_

01) Corporate Name/Business Name: \_\_\_\_\_

02) Doing Business in Nevada as (DBA): \_\_\_\_\_ 03) Reno Start Date: \_\_\_\_\_

04) Business Location (no PO Boxes): \_\_\_\_\_ Suite #: \_\_\_\_\_ 05) Federal Tax ID#(EIN): \_\_\_\_\_

06) City: \_\_\_\_\_ 07) State: \_\_\_\_\_ 08) Zip Code: \_\_\_\_\_ 09) Bus. Phone: \_\_\_\_\_

10) Mailing Address: \_\_\_\_\_ 11) Bus. Fax: \_\_\_\_\_

12) City: \_\_\_\_\_ 13) State: \_\_\_\_\_ 14) Zip Code: \_\_\_\_\_ 15) E-mail: \_\_\_\_\_

16) Business Entity Type:  Sole Proprietor  Corporation  Partnership  LLC  Association 17) Professional License #: \_\_\_\_\_

18) Describe the nature of business to be conducted (be specific and complete):

19) Location of Rentals: \_\_\_\_\_ 20) Number of Rental Units: \_\_\_\_\_ 21) First Year's Estimated Gross Receipts (Reno only): \_\_\_\_\_

**List Individual Licensee**

22) Licensee Name: \_\_\_\_\_ 23) Title: \_\_\_\_\_ 24) Phone: \_\_\_\_\_

25) Home Address: \_\_\_\_\_ 26) Alt Phone: \_\_\_\_\_

27) City: \_\_\_\_\_ 28) State: \_\_\_\_\_ 29) Zip Code: \_\_\_\_\_ 30) DOB: \_\_\_\_\_

**List Individuals with Interest or Ownership in the Business**

31) Full Name	Title	Address	DOB

**Emergency Contact/Local Contact Information**

32) Name: \_\_\_\_\_ 33) Phone: \_\_\_\_\_

Official Use Only

34) Has any applying individual, or any member of this applying firm, has been convicted in this state, or elsewhere, within the past ten years of any offense, not including minor traffic offenses?  
 Yes      No If yes, please state the offense(s), the year of conviction(s), and the punishment assessed therefore:

Commercial       Home Based  
 Not in City       Admin Office  
 Shared Space/Booth Rental       Non-Profit

I, THE UNDERSIGNED, UNDERSTAND THAT: (1) IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; (2) THIS DOCUMENT IS AN APPLICATION ONLY AND CERTAIN CONDITIONS MUST BE MET BEFORE A BUSINESS LICENSE WILL BE ISSUED TO ME; (3) I CERTIFY THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

35) Licensee Signature: \_\_\_\_\_ 36) Title: \_\_\_\_\_ 37) Date: \_\_\_\_\_

Total Amount Paid \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Sewer Account # \_\_\_\_\_  
 Parcel # \_\_\_\_\_  
 License # \_\_\_\_\_  
 Activity Type \_\_\_\_\_  
 Effective Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Health Recommendation	Other Recommendation	Planning Recommendation

# LIQUOR LICENSE PERSONAL HISTORY

Name in full: \_\_\_\_\_  
First Middle Last

List ALL other names you have been known by: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Home phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Drivers license no.: \_\_\_\_\_ State: \_\_\_\_\_

Name of your present business or employer: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State

Type of business: \_\_\_\_\_ Position: \_\_\_\_\_

How long engaged in this business: \_\_\_\_\_ Business phone number: \_\_\_\_\_

Have you had any convictions in the past 10 years? \_\_\_\_\_ If yes, complete the following:

Date of arrest	Charge	Arresting Agency	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a liquor license or work permit revoked or committed any act which is a ground for the revocation of a liquor license or work permit or would have been a ground for revoking your liquor license or work permit?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and what date: \_\_\_\_\_

For what reason: \_\_\_\_\_

I, THE UNDERSIGNED, HAVE ANSWERED ALL QUESTIONS IN THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE ALL ANSWERS ARE TRUE AND CORRECT. I FURTHER UNDERSTAND THAT DISCLOSURE OF ANY FALSE, MISLEADING OR INCORRECT ANSWERS COULD RESULT IN THE DENIAL OF THE LICENSE. THE FILING OF THE APPLICATION DOES NOT AUTHORIZE THE CONDUCTING OF ANY BUSINESS FOR WHICH A LICENSE IS REQUIRED, AND ANY CARRYING ON OF SUCH BUSINESS BEFORE A LICENSE IS ISSUED MAY ALSO BE A GROUNDS FOR DENIAL OF A LICENSE.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**WASHOE COUNTY BUSINESS LICENSE  
CHILD SUPPORT COMPLIANCE  
STATEMENT/EXEMPTION FORM**

The Welfare Reform Act, as implemented by the 1997 session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation, all owners of this business are required to complete a Child Support Compliance Statement or Exemption Form depending on the business structure. Failure to complete and return this form will be cause to deny your business license application. Each owner of a non-exempt business is required to complete his/her own form.

**STATEMENT**

- \_\_\_\_\_ 1. I am not subject to a court order for the support of a child.
- \_\_\_\_\_ 2. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.
- \_\_\_\_\_ 3. I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

-Or-

**EXEMPTION**

- \_\_\_\_\_ 1. Multiple shareholder corporations
- \_\_\_\_\_ 2. Limited Liability Company
- \_\_\_\_\_ 3. Partnership registered with the State of Nevada

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

<b>Business Name</b> (Include any name doing business as)	<b>Type of Business</b>	<b>Business Telephone Number</b>	
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Federal Identification No.</b>	<b>Social Security No.</b>	<b>Contractor's Board License No.</b>	
<b>Name of Principal Owner</b> (Please Print)			<b>Principal Owner's Telephone No.</b>
<b>Principal Owner's Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Identified as: (Complete one section only)

That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

<b>Effective Date of Coverage</b>	<b>Account Number</b>
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That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

<b>Effective Date</b>	<b>Certificate Number</b>
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I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a (n):  Individual  Sole Proprietor  Partnership  Corporation

<b>Name of Applicant</b> (Please Print)	<b>Applicant's Telephone Number</b>
<b>Applicant's Residence Address</b>	<b>City</b> <b>State</b> <b>Zip Code</b>

I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

<b>Signature of Applicant</b> (To be signed in the presence of the business license office employee)	<b>Applicant's Title</b>
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<b>Witness Signature - (Business License Office Employee)</b>	<b>Name of City or County</b>
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**If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.**

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

## ***INSTRUCTIONS***

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolmen; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses, which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business, which hires exempt persons, may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

**IMPORTANT NOTICE:** Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

“Applicant” is the person executing this document

“Business Name” is the name under which the business will operate, including the identification of any other names under which the entity will do business.

“Corporation” is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

“Type of Business” means the nature of the business...

“Individual” is a person who operates a business which hires no employees, subcontractors, or independent contractors.

“Partnership” is a business, which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

“Principal Owner” is the owner, sole operator, designated general partner, or resident agent for the corporation.

“Sole Proprietor” is a self-employed owner of an unincorporated business and includes working partners and members of working associations, which may or may not hire employees.