LANDER COUNTY BUSINESS LICENSE APPLICATION

All fields and information must be provided or the application will not be processed.
Contact us at (775) 635-2860 or Fax (775) 635-1120

1. Corporate/Entity Name: ______________________________________________________________________

2. Physical Address: ____________________________________________________________________________
   Street     City/State   Zip

3. Mailing Address: _____________________________________________________________________________
   P. O. Box/Street    City/State  Zip

4. Phone Number(s): ___________________________________________________ ________________________
   Business           Home/Cell             Fax

5. Nevada Department of Taxation Sales Tax # or Clearance Letter: ___________________________________

6. State of Nevada Business License Number (if applicable): _______________________________________

7. Federal Tax Identification Number or Social Security Number: _________________________________

8. Contractor’s License number (if applicable): _____________________________________________________

9. Attach your Fictitious Firm Name or State Articles of Incorporation to business application.

10. Food and alcoholic related businesses require a State Health Certificate.

11. Note - If your business is going to be conducted in a building in Lander County an inspection must be
    performed by the Building Department.

12. Note - If your business is going to be conducted from your Lander County home, a "Home Occupation
    Special Use Permit" from the Lander County Planning Commission is required.

13. A fifty ($50.00) check payable to the Lander County Treasurer.

14. Note - Per NRS 239B.010 through 239B.060 and Lander County Ordinance LC2018-01, fingerprinting is
    required for the following businesses: gambling, alcohol sales, pawnbrokers, secondhand jewelry & metals
    dealer, solicitors & peddlers, road & sidewalk vendors, home services, babysitting, massage, brothels, carnival
    & circus, teenage dances - a fee of $50.00 for processing must be paid at the time of application.

15. Description of Business Operation:

16. I certify that the information provided is true, correct and complete to the best of my knowledge and belief.
    Signatures must be original and that of the responsible party.

_____________________________________________________________________________________________
Signature of Responsible Party/Original  Print Name and Title      Date

17. Mail to:  Lander County Building & Planning Dept
               50 State Route 305
               Battle Mountain, NV  89820
               Attn: Business Licenses
               Make check payable to: Lander County Treasurer