

15	If Partnership, is the agreement recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what county and city is it recorded in?
16	Operating under a Fictitious Firm Name? <input type="checkbox"/> Yes <input type="checkbox"/> No (Supply a certified copy of the certificate to the Department)	In what county and city is it recorded in?
17	Has applicant applied for a local County or City license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?
18	Has applicant secured all necessary Federal permits? <input type="checkbox"/> Yes <input type="checkbox"/> No	TTB Permit Number (Supply a copy of permit):
19	Is the location of operations shared with any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	Business Name:	Type of Operations:
	Business Name:	Type of Operations:
	Business Name:	Type of Operations:
20	Does any person listed on this application engage in manufacturing, importing, wholesaling or retailing alcoholic beverages through another company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	Person's Name:	% Owned:
	Business Name:	Type of Operations:
	Person's Name:	% Owned:
	Business Name:	Type of Operations:
21	Have any individuals with interest, financial or otherwise, in the applicant's business, ever been convicted of a violation of Federal or any state liquor laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide the following:	
	Name:	When:
	Explain:	
22	APPLICANT'S AFFIRMATION: By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a liquor license, I understand that I am expected to comply with all liquor laws, including, but not limited to NRS 369 and 597, Nevada Administration Code, and all Federal laws. Noncompliance can result in fines, suspension or revocation of my license, and criminal prosecution.	
	Name of responsible party:	Title:
	Signature:	Date:
APPLICATION SUBMITTAL LOCATIONS		
If the location of business operations is in one of the following cities: Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca or Yerington. Submit page 1, 2 and 3 to that Incorporated City's Governing Board for review and a completed Department of Taxation's Nevada Business Registration Form.		

NEVADA STATE LIQUOR LICENSE APPLICATION INSTRUCTIONS

Complete pages one and two in their entirety with all applicable information, attach additional sheets if necessary.

1. **Application is being submitted for:** Check the box that applies, please note that “Location Change” and “Additional Location” are valid options only for the entity that originally applied for the license. Include the Taxpayer ID number issued by the Department of Taxation if applicable.
2. **Application is for:** Check the type of license you are applying for.
3. **Importer/Wholesaler License Type:** If you are applying for an Importer or Wholesaler license, check all that apply.
4. **Manufacturer License Type:** If you are applying for a Manufacturer license, check all that apply.
5. **Business Type:** Indicate the entity type as filed with the Secretary of State.
6. **Date Incorporated/Organized:** Enter the date and state incorporated/organized.
7. **Anticipated Start Date of Location:** Enter the date that you are planning the license to take effect. Please note: Business operation may not begin until a State of Nevada Liquor License has been issued by the Department of Taxation. Include the Federal Employer Identification Number issued to you by the Internal Revenue Service.
8. **Name of Business:** Enter the name as registered on the State Business License. Include a business telephone number.
9. **DBA:** Enter the name you will be doing business as known by the public. Include a fax number if available.
10. **Business Address:** Enter in the complete address of the entity (corporate address).
11. **Location of Operation:** Enter the physical address licensed operations will be performed. This address must be registered and reflected on the permit issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB).
12. **Mailing Address:** Enter the mailing address. This address will be used to mail license, reports, tax returns and correspondence.
13. **Email Address:** Enter email (Internet) address information.
14. **List All Owners, Officers, Members, Partners, etc.:** Include the full name, title, address, and percentage of ownership of each owner, officer, member, partner, etc. for the business.
15. **If Partnership, is the Agreement Recorded:** If your business is a partnership please select yes or no. If yes, include where it was recorded.
16. **Operating under a Fictitious Firm Name:** Select yes or no. If yes, include where it was recorded. A copy of the fictitious firm name certificate must be supplied to the Department of Taxation, per NRS 602.010.
17. **Has applicant applied for a local County or City License:** Select yes or no. If yes, include where.
18. **Has applicant secured all necessary Federal permits:** Select yes or no. If yes, enter the permit number issued by the TTB. Provide a copy of the permit with this application.
19. **Is the location of operations shared with any other business:** Select yes or no. Include the name of the other business and the type of operations (winery, brewpub, liquor importer, general retail, etc.)
20. **Does any person listed on this application engage in manufacturing, importing, wholesaling, or retailing alcoholic beverages through another company:** Select yes or no (“engage in” is defined as participation in a business as an owner or partner, or through a subsidiary, affiliate, ownership equity, or in any other manner pursuant to NRS 369.181 subsection 2). If yes, include the person’s name, the percentage of the second business owned, the business’s name, and the type of operations (winery, brewpub, liquor importer, etc.)
21. **Have any individuals with interest, financial or otherwise, in the applicant’s business, ever been convicted of a violation of Federal or any state liquor laws:** Select yes or no. If yes, include the person’s name, the date of conviction, and provide an explanation of the events.
22. **Applicant’s Affirmation:** This must be read carefully and signed by an owner, officer, member, or partner. Include the name, title, signature, and date of signature.

INCORPORATED CITIES APPROVAL PAGE

For Incorporated Cities Only:

Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas,
Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca and Yerington

To show validity please attach letter on Incorporated Cities Letterhead attesting to the fact the application was approved or denied, listing the name of the business, the specific liquor license type and the date of approval or denial. Please add any remarks and recommendations by the Incorporated Cities Governing Body Members.

FOR OFFICIAL USE ONLY

In order to be valid, we require signature(s) by the Incorporated Cities Governing Body Member(s):

Title: _____ **Signature:** _____

Title: _____ **Signature:** _____

Title: _____ **Signature:** _____

Title: _____ **Signature:** _____

On this _____ **day of** _____ **20**____, **the application for a Nevada State Liquor License**

for _____ **has been** **Approved** **Denied**

COUNTY COMMISSIONERS APPROVAL PAGE

For all Non-Incorporated Cities

FOR OFFICIAL USE ONLY

Remarks and recommendations by the County Commissioners:

Board of County Commissioners:

Chairman: _____

Member: _____

Member: _____

Member: _____

Member: _____

[seal]

ATTEST:

_____, County Clerk

On this _____ day of _____ 20____, the application for a Nevada State Liquor License

for _____ has been Approved Denied

APPLICATION SUBMITTAL PROCESS

If the location of business operations is in one of the following cities:

Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca, or Yerington.

Submit the completed Nevada State Liquor License Application along with the completed Department of Taxation’s Nevada Business Registration Form. Please note, page 1, 2, and 4 of the Nevada State Liquor License Application requires the review and approval of that Incorporated City’s Governing Board.

All other locations; submit the completed Nevada State Liquor License Application along with the completed Department of Taxation’s Nevada Business Registration Form. Please note, page 1, 2, and 5 of the Nevada State Liquor License Application requires the review and approval of the Board of County Commissioners.

All applicants must also submit a copy of the application to the Department of Taxation along with applicable security deposit (Original Liquor Surety Bond or cash), a copy of the permit issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB), and a copy of the fictitious firm name certificate. Once application has been approved the fees can be submitted to the Department of Taxation.

<u>SCHEDULE OF LICENSE FEES</u>			
Importer/Wholesaler Fees:		Manufacturer Fees:	
Importer of wine, beer & spirits	\$500.00	Brew Pub	\$ 75.00
Importer of beer	\$150.00	Brewer	\$ 75.00
Wholesaler of wine, beer & spirits	\$250.00	Craft Distillery	\$ 75.00
Wholesaler of beer	\$ 75.00	Estate Distillery	\$ 75.00
		Instructional Wine Facility	\$ 75.00
		Winemaker	\$ 75.00
		Rectifier	\$550.00
<u>SCHEDULE OF BOND REQUIRMENTS</u>			
Importer and/or Wholesaler Bond:		Manufacturer Bond:	
Beer only	\$10,000.00	Brew Pub	\$ 1,000.00
Wine, Beer & Spirits	\$50,000.00	Brewer	\$ 1,000.00
		Winemaker	\$ 1,000.00
		Rectifier	\$50,000.00

All license fees are due and payable on July 1 of each year. If not paid by July 15 of each year the license shall be canceled.

If any license is issued at any time during the year other than by July 15, the fee shall be for the proportionate part of the year the license will be in effect, which in any event shall be for not less than one quarter of a year.

NEVADA BUSINESS REGISTRATION

Please see instructions regarding form detail and online registration options.

1	I Am Applying For: * SEND A COPY TO EACH AGENCY	Unemployment Insurance <small>*(Employment Security Division - ESD)</small>	Sales/Use Tax Permit Commerce Tax	Modified Business Tax <small>*(Department of Taxation)</small>	Local Business License		
2	New Business	Change in Ownership/ Business Entity Change in Corporate Officers Change in Name	Change in Location Change in Mailing Address Add Location	<input type="checkbox"/> Other			
3	Business Entity Type:	Sole Proprietor Corporation	Association Limited Partnership	LLLP Partnership	Limited Liability Partnership Limited Liability Company	Government Entity Other	
3A	If LLC please check Federal tax filing type	Corporation	Sole Proprietor	Partnership			
4	Corporate/Entity Name <small>(as shown on State Business License):</small>		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	Nevada Business Identification #: (11 digits) NV			
10	Mailing Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	City, State, and Zip Code +4				
11	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				
12	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: ()		
13	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed. ** The Department of Taxation & Employment Security Division are the only agencies to require a SSN.						
	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			
14	Date Business Started in Nevada	Date Nevada Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll	Number of Employees	
15	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS						
	Mining	Domestics	Outside Dining	Water Appropriation	Adult Materials/Activity	Amusement Machines	Registered Agent
	Service	Agriculture	Home Occupation	Hazardous Material	Leased or Leasing Employees	Alcohol	Financial Institutions
	Tobacco	Manufacturing	Retail Sales—New	Construction/Erection	Leasing (Other than Employees)	Gaming	Mortgage Brokers
	Delivery	Transportation	Retail Sales—Used	Tire Sales	Supply/Use Temporary Workers	Health Services	Banker
	Wholesale	Not for Profit	Live Entertainment	Environmental Discharge	Regulated by Federal/State Permit Number _____	Other _____	
	Marijuana	Transportation Connection					
16	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. Anyone selling tobacco products (including but not limited to cigarettes, smokeless tobacco and or cigars) as a manufacturer, wholesale or retailer, must also apply with the Department for that particular tobacco products license type before they can begin purchasing or selling those products. Such application can be found on our website.						
17	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:				
18	* Signatures must be that of a responsible party *						
	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.						
	*Signature Responsible Party / Original		Print Name And Title		Date		
	*Signature Responsible Party / Original		Print Name And Title		Date		

NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

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). Some local governments may accept this form.

WHAT OTHER INFORMATION MUST I PROVIDE? When applying with the Department of Taxation: All businesses must complete a Supplemental Application (APP-01.00) to determine correct fees. When applying with the Employment Security Division: If you employ agricultural or domestic workers or are a non-profit agency, you must complete a Supplemental Registration with ESD.

If you haven't yet received or applied for a Nevada State Business License, please contact the Nevada Secretary of State at (775) 684-5708 or complete your registration online at <https://www.nvsilverflume.gov>.

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

1. **I Am Applying For:** Check the boxes that apply. 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 entity type as filed with the Secretary of State.
- 3A. **If LLC:** Indicate type of entity as filed with the IRS.
4. **Corporate/Entity Name:** Enter the name as registered with the Secretary of State for the State Business License. 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 1-800-829-4933 or go to <http://IRS.gov/businesses>. 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 / Website Address:** Enter Email and Website Address information.
9. **Nevada Business ID Number:** Enter the number as shown on your State Business License or exemption issued by the Secretary of State.
10. **Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
11. **Location(s) of Nevada Business Operations:** Enter the physical 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. You may not use a PO Box.
12. **Location of Business Records:** Enter the physical address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
13. **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.
14. **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.
15. **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.
16. **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%.
17. **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.
18. **Signature Required: Legal signatures include: sole proprietor-owner, corporate officer, managing member and partners.**

Toll Free (In State) for All State of Nevada..... **800-992-0900**

Nevada Department of Taxation: Online Registration: <https://www.nevadatax.nv.gov> – Website: <http://www.tax.nv.gov>

Call Center	Toll Free Taxation Help Desk	(866) 962-3707
Las Vegas.....	555 E Washington Avenue • Suite 1300 • Las Vegas, • Nevada • 89101.....	(702) 486-2300
Reno.....	4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502.....	(775) 687-9999
Carson City....	1550 College Parkway • Suite 115 • Carson City, NV • 89706.....	(775) 684-2000
Henderson....	2550 Paseo Verde • Suite 180 • Henderson, NV • 89074.....	(702) 486-2300

Nevada Employment Security Division (ESD): Online Registration: <https://uitax.nvdetr.org> – Website: www.nvdetr.org

Las Vegas	(702) 486-0250
Reno	(775) 823-6680
Statewide (Mailing).....	500 E Third Street • Carson City, NV • 89713-0030 .. (775) 684-6300

Nevada Department of Wildlife: (Industrial Artificial Pond Permit) – **Website: www.ndow.org**..... (775) 688-1500

Nevada Secretary of State: (775) 684-5708

For more information regarding local and state business licensing please visit Nevada's online Business Portal at <https://www.nvsilverflume.gov>.

NEVADA DEPARTMENT OF TAXATION
SUPPLEMENTAL REGISTRATION

Please print clearly — Use black or blue ink only
 Please mark applicable type(s) (See Instructions)

For Department Use Only
TID: _____
Dept. of Taxation Representative accepting application: _____

Sales/Use Permit Consumer Use Tax Permit Certificate of Authority Live Entertainment Tax

1.	DBA (as shown on the Nevada Business Registration Form): _____		
2.	Business telephone number: _____	3.	List STATE of incorporation or formation if applicable: _____

FEES AND SECURITY DEPOSIT

4.	Estimated total monthly receipts: _____	6.	Estimated total Nevada monthly TAXABLE receipts: _____	
7.	Reporting cycle (Please indicate filing frequency desired) Sales or purchases exceeding \$10,000 per month in TAXABLE sales must report monthly.			
		Monthly	Quarterly	Annual
	Sales/Use Tax			
	Use Tax			
	Live Entertainment Tax			
8.	Security (See Instructions)			
	Cash _____	Surety # _____		
9.	Sales Tax Fee (See instructions): _____	10.	Total Nevada Business Locations: _____	

OTHER INFORMATION

Name of spouse/relative	Address of spouse/relative	Phone number of spouse/relative
Name of other contact	Address of other contact	Phone number of other contact
Accountant/bookkeeper	Address of accountant/bookkeeper	Phone number of accountant/bookkeeper
Other employment (If applicable):		
Company name: _____		Company name: _____
Name of bank/financial institution – location / account number:		
Business account: _____		
Personal account: _____		

FOR DEPARTMENT USE ONLY

ST/UT No.: _____ MBT No.: _____

Combine Accts: Yes No Previous Acct: _____ Previous Acct Cancelled: Yes No

Comments: _____

Cash Check ABA #: _____ Bank: _____ Branch: _____

**For an introduction to the Department and general information, see our Taxpayer Information Packet Online at www.tax.nv.gov **

SUPPLEMENTAL APPLICATION

SUPPLEMENTAL REGISTRATION INSTRUCTIONS

Sales/Use Tax — A business which sells tangible personal property at retail or wholesale, and has a physical location in Nevada or enters Nevada to conduct business

Consumer Use Tax — This permit allows a Nevada business, not required to hold a Nevada Sales/Use Tax permit, to pay use tax directly to the State on tangible personal property purchased from a vendor not registered to collect Nevada sales tax. Example: Contractors who do not make sales and only purchase building materials for their own use from out of state. All businesses required to register for the State Business License that purchase tangible personal property for storage, use or other consumption in Nevada must also register for use tax. Registering for use tax does not require payment of a fee, nor does it require security.

Certificate of Authority — This permit is available to out-of-state businesses having no jurisdiction or nexus in Nevada. The permit allows an out-of-state business, who is not required to hold a Nevada Sales/Use Tax permit, to voluntarily register in order to collect and remit use tax as a convenience for its Nevada customers. This permit does not require payment of a fee, nor does it require security.

Live Entertainment Tax (LET) — Monthly tax is based on admission charges for non-gaming facilities providing live entertainment. If the maximum occupancy is under 200, no tax liability exists. Maximum occupancy that meets or exceeds 200 must register for the Live Entertainment Tax. Maximum occupancy means the maximum occupancy of the facility as determined by the State Fire Marshal or local governmental agency.

1. **DBA** - Name doing business as
2. **Business Telephone Number** – please include area code
3. **State of Incorporation or Formation** – foreign corporations must be registered with the Nevada Secretary of State's Office to do business in Nevada
4. **Fees and Security Deposit**
5. **Estimated Total Monthly Receipts** – this is the total of all gross receipts including wholesale sales, services necessary to complete the sale, exempt sales, etc
6. **Estimated total Nevada monthly TAXABLE receipts** – this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, labor, exempt sales, etc
7. **Reporting Cycle** – Please indicate filing frequency desired. Sales or purchases exceeding \$10,000 require monthly reporting. Options may not apply to certain tax types.
8. **Security** — Check off type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, compute your average monthly taxable sales. Multiply taxable Nevada sales by the highest tax rate in Nevada, which is 8.265% as of 04-01-17. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. A security deposit will not be required if the amount calculated does not exceed \$1,000. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.
9. **Sales Tax Fee** – A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (#10) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00).
10. **Total Nevada Business Locations** – number of physical locations in Nevada
11. **Other Information** – please include other authorized contacts.

Note: Modified Business Tax (MBT) – General Business (MBT GB) / Modified Business Tax - Financial Institutions (MBT FI) / Modified Business Tax- Mining (MBT MI) is a Quarterly tax based on gross wages reported to the Employment Security Division. There is an allowable deduction for qualified health insurance plan and wages paid to certain veterans. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency.

ORIGINAL SIGNATURES REQUIRED BY AGENCIES – KEEP A COPY FOR YOUR RECORDS.

**THIS FORM MUST BE SUBMITTED WITH YOUR
NEVADA BUSINESS REGISTRATION FORM**