ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

# Nevada State Business License "Other" Application

USE BLACK INK ONLY - DO NOT HIGHLIGHT | PRINT LEGIBLY OR TYPE ALL INFORMATION | ABOVE SPACE IS FOR OFFICE USE ONLY

**Completing this form DOES NOT relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.**

***** Asterisks indicate **required** information. Incomplete forms will be rejected.

**INSTRUCTIONS:**

1. This application is for the use of a business that is not a sole proprietor or partnership or that is not required to organize pursuant to Title 7 of NRS.
2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 **DO NOT** use this form. Please submit a State Business License Exemption form.
3. Return the completed application with the $200.00 business license fee. **Refunds are not available on improperly filed applications.**
4. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
5. If paying by check, make your check payable to the Secretary of State. If paying by credit card, you must complete and attach an ePayment Checklist available at www.nvsos.gov in the Forms Library under the Resources section of the Business Center.
6. The person applying for the State Business License must sign the application. ***FORM WILL BE RETURNED IF UNSIGNED.***

**1***

Signature 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 in the Office of the Secretary of State.**

First Name | Middle (Optional) | Last Name | Suffix | Title

**X** _____ Signature of Responsible Party

Date

**2***

Entity Name

**3**

You may add up to four businesses associated with this "other" entity. Entries into this section *do not* relieve you of other business license or DBA filings required by local/county offices.

Business Name(s) 1. 2. 3. 4.

**4***

Physical Address

Physical Street Address | City | State | Zip Code

**5**

Mailing Address (if different)

PO Box or Street Address | City | State | Zip Code

**6**

Entity Phone ( )

**7**

Email Address

☐ Check here to receive notices electronically

**8**

Taxpayer Identification # (Dept of Taxation Issued TID)

(***Do Not*** provide Social Security Number)

*This form must be accompanied by appropriate fees. See instructions.*

Reset

*230104*

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# ePayment Checklist
## (For Counter, Fax and Mail Requests)

**USE BLACK INK ONLY - DO NOT HIGHLIGHT**

Service Type: ☐ Counter ☐ Mail ☐ Fax

Order Processing Requested: **(Expedite Processing *Requires* Additional Fees)**

☐ Regular Processing ☐ **24-HOUR** Expedite ☐ **2-HOUR** Expedite ☐ **1-HOUR** Expedite

## Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number: V CODE*

***** 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

**NOTICE:** *For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month Year

**Amount to Charge Card:** USD $

## Order Information *(required)*

**Entity Name/Order Reference:**

**Card Holder Information:**

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

## Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**

**Authorized Signature**

**Not to Exceed Amount:** USD $



Reset