

Town of Pahrump  
Nye County Government Center  
2100 E. Walt Williams Drive  
Suite 100  
Pahrump, NV 89048  
Phone (775) 727-5107  
Fax (775) 727-0345



Nye County  
Nye County Government Center  
2100 E. Walt Williams Drive  
Suite 100  
Pahrump, NV 89048  
Phone (775) 751-7075  
Fax (775) 751-7093

**Town of Pahrump  
Business License Department**

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Attached is the information for obtaining a Pahrump Business License.

If you have any type of special license (*contractor, cosmetology, medical etc.*) please attach a copy to your Pahrump License application:

- If your business requires a Certificate from the Health Department (*food establishments, tattoo parlors, public spas, etc.*) please contact Sue Huff at (775) 895-3604 or at [jhuff@health.nv.gov](mailto:jhuff@health.nv.gov).
- If your business requires a Nye County Liquor/Gaming License, please contact Samantha Tackett at the Nye County Administration Office, located at 2100 E. Walt Williams Dr., Ste #100 Pahrump, NV 89048. She can also be reached at (775) 751-4270 or at [stackett@co.nye.nv.us](mailto:stackett@co.nye.nv.us).
- Nevada State Contractors Board – (702) 486-1100 – 2310 Corporate Circle, Suite #200 Henderson, NV 89074. Please check their website at [www.nscb.state.nv.us](http://www.nscb.state.nv.us) to see if your line of work requires you to have a Nevada State Contractors License.

Your Pahrump Business License will be processed 3 to 5 business days from receipt. If you have any additional questions, please feel free to contact me and I will be happy to assist you.

Thank You,

**Annie M. Horak**  
Town Administrative Coordinator  
(775) 727-2815  
[townoffice@pahrumnv.org](mailto:twnoffice@pahrumnv.org)  
[www.pahrumnv.gov](http://www.pahrumnv.gov)

# Pahrump Business License Packet

*Town of Pahrump ~ 2100 E. Walt Williams Dr., Suite #100 Pahrump, NV 89048 (775) 727-2815*

Office Hours: Monday – Friday 8:00 AM-5:00 PM (Closed 12:00 PM – 1:00 PM for lunch)

<b><u>Business License Fees:</u></b>	\$150 Companies without a Pahrump Location
	\$100 Companies with more than 100 employees
	\$75 Corporation or LLC
	\$60 Partnership
	\$50 Sole Proprietor
	\$5 Non-profit Corporations

## **Contents/Directions:**

- **Pahrump License Application (page 3)**

Complete the form and sign the form in the presence of a Business License Technician or provide a notarized signature.

- **Employer Identification Number**

If you have employees, you will need to apply for an Employer Identification Number. You can apply by telephone at 800-829-4933 or online at [www.irs.gov](http://www.irs.gov). Enter the EIN on the license application.

- **Nevada State Business License (also known as the Corporation Name)**

Register with the Secretary of State online at <http://www.nvsos.gov>. Return the printed state business license with the Town of Pahrump business license application. For additional information or assistance, please contact (702) 486-2880.

- **Nevada Department of Taxation**

*You do not need to apply for sales tax if you are not reselling items.* You can register with the Department of Taxation, at [555 East Washington Avenue, Ste 1300, Las Vegas, NV 89101](http://www.tax.nv.gov) or online at [www.tax.nv.gov](http://www.tax.nv.gov). Return the printed registration confirmation and receipt with the license application. For additional information please contact 702-486-2300.

- **Affirmation of Compliance for Workers Compensation (page 4)**

*This form must be completed even if you do not have employees.* Complete the form and sign in the presence of a Business License Technician or provide a notarized signature.

- **Business Fictitious Firm Name Form**

*Do not file this form if the business name and corporate name are identical.* Submit the completed form to Nye County Clerk's Office, Nye County Court Complex, [1520 E Basin Avenue, Pahrump, NV](http://www.nye-county.com). Return the approved form with the license application.

- **Pahrump Valley Fire and Rescue**

*If your business is NOT located in Pahrump OR you are NOT going to have a physical location that customers can come to, DO NOT complete this form.* All others complete the form and return it to the Town of Pahrump Office with your license application. Please include a check for the \$50 fee and make it payable to Town of Pahrump. Inspection will be done at a later date.

- **Business License Review Application for the Pahrump Regional Planning District (Online Submission)**

All Pahrump applicants must submit the online application by following the included directions. Once approved, submit your approval letter at the Town Office.

**Town of Pahrump**  
 2100 E. Walt Williams Dr.#100  
 Pahrump, NV 89048  
 Phone (775) 727-5107  
 Fax (775) 727-0345  
 townoffice@pahrumprnv.org

For Official Use Only

B/L# \_\_\_\_\_  
 C/R# \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 By \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

**Official Use Only**

*Type of Business:*

C=Contractor H=Handyman R=Retail E= Exempt  
 S=Service W=Wholesale N=Non-Profit

**Official Use Only**

*Type of Ownership:*

S=Sole C=Corporation  
 P=Partnership L=Limited Liability Co

Business Information

Business Name \_\_\_\_\_ Telephone \_\_\_\_\_

Corporation \_\_\_\_\_ FEIN \_\_\_\_\_

Business Contact Person \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

*Business Description:* \_\_\_\_\_

Will any customers/clients or employees ever be present at your business location? Yes \_\_\_\_\_ No \_\_\_\_\_

# Employees \_\_\_\_\_

Special License/Registration Requirements:

Please include a copy or copies of Special Licenses

Agency: \_\_\_\_\_ Lis # \_\_\_\_\_ Exp \_\_\_\_\_

*Authorized Representative: Circle one-OWNER---OFFICER---MEMBER/MANAGER---PARTNER*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ ID \_\_\_\_\_

Please read and initial each statement below

1. I understand that obtaining this Business License will not in itself exempt me, or my business from satisfying the requirements of the Pahrump Zoning and Conditional Use Permit Ordinance. \_\_\_\_\_

Initial

2. I have satisfied all the Nevada Revised Statutes, and obtained all the required permits and licenses for this type of business. \_\_\_\_\_  
 Pending: \_\_\_\_\_

Initial

3. I have never been refused a business license or had a business license suspended or revoked in Nevada or in any other state. \_\_\_\_\_

Initial

4. I do not owe any license fees or penalties for any other business licenses issued to me. \_\_\_\_\_

Initial

5. I understand a Code Enforcement Officer or Licensing Officer may issue warnings, citations, cease and desist orders, and/or may assess penalties for non-compliance with Pahrump Town Ordinance #35. (Business License Ordinance) \_\_\_\_\_

Initial

I solemnly swear or affirm that statements in this application are true and correct. It is my responsibility to determine and comply with appropriate Federal, State, County and Town requirements. Misrepresenting or failing to reveal requested information may be cause to refuse or revoke my business license. I will comply with the business license ordinance and amendments adopted or enacted by the Town of Pahrump. My license is issued specifically to me and my business only. I will not transfer this license to any other person or business.

Subscribed and sworn before me on this

\_\_\_\_\_  
 Signature of Authorized Representative/Applicant

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Notary Public or Business License Employee  
 State of Nevada County of Nye

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

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Business Name *(include any name doing business as)*      Type of Business      Business Telephone Number

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Business Address      City      State      Zip Code

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Federal Identification No.      Contractor's Board License No.

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Name of Principal Owner      Principal Owner's Telephone No.

---

Owner's Address      City      State      Zip Code

Identified as: **Select one option 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):

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Effective Date of Coverage      Account Number

- 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.

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Effective Date      Certificate Number

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  LLC/Corporation

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Name of Applicant(Please Print)      Applicant's Telephone No.

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Applicant's Residence Address      City      State      Zip Code

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

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

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**Signature of Applicant** (To be signed in the presence of the business license office employee)      **Applicant's Title**

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**Witness Signature** - (Business License Office Employee)      **Name of City or County**

**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 \_\_\_\_\_

## ***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 patrolman; 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.

A Type of Business@ means the nature of 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.

**CERTIFICATE OF BUSINESS - FICTITIOUS FIRM NAME**

File # \_\_\_\_\_

**THIS FICTITIOUS FIRM NAME WILL EXPIRE IN 5 YEARS FROM DATE FILED**

Certificate filed on \_\_\_\_\_, 20\_\_ Expires on \_\_\_\_\_, 20\_\_

- New Application
- Renewal of Existing Fictitious Firm Name
- Address Change (No Filing Fee)
- Name Change – Proof of Legal Name Change Required (No Filing Fee)
- Original Name \_\_\_\_\_

THE UNDERSIGNED do/does hereby certify that \_\_\_\_\_  
(Name of individual, corporation, partnership or trust)  
 mailing address for renewal \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(P.O. Box/Street) (City) (State) (Zip)  
 is/are conducting \_\_\_\_\_ business located at \_\_\_\_\_,  
(kind of business) (physical address)  
 \_\_\_\_\_, Nevada \_\_\_\_\_, phone number \_\_\_\_\_ under the fictitious name  
(City) (Zip Code)

said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

1) \_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Address (phone)  
 \_\_\_\_\_  
 Mailing Address if different from above  
 \_\_\_\_\_  
 City, State, Zip

2) \_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Address (phone)  
 \_\_\_\_\_  
 Mailing Address if different from above  
 \_\_\_\_\_  
 City, State, Zip

3) \_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Address (phone)  
 \_\_\_\_\_  
 Mailing Address if different from above  
 \_\_\_\_\_  
 City, State, Zip

4) \_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Address (phone)  
 \_\_\_\_\_  
 Mailing Address if different from above  
 \_\_\_\_\_  
 City, State, Zip

STATE OF NEVADA, County of Nye

I, \_\_\_\_\_, Notary Public in and for the said County and State, residing therein, duly sworn, personally appeared \_\_\_\_\_ known to me to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged to me that he/they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_ County of \_\_\_\_\_

**PAHRUMP VALLEY FIRE-RESCUE**

2100 E. Walt Williams Dr. #100 Pahrump, NV 89048

**-Fire Inspections - Certificate Of Occupancy/Life Safety -  
Inspection Application**

BUSINESS NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON'S EMAIL: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ OPENING DATE: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_

LICENSED AS HEALTH CARE: \_\_\_\_\_ LIQUOR LICENSE REQUIRED: \_\_\_\_\_

HOME BASED BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

LIST CHEMICALS STORED & QUANTITY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT RETURN TO FIRE DEPARTMENT.**

**PLEASE RETURN TO: TOWN OF PAHRUMP 2100 E. Walt Williams Dr #100 Pahrump, NV 89048.**

**MAKE CHECKS PAYABLE TO TOWN OF PAHRUMP**

- FEE: \$50.00 = Certificate of Occupancy (initial fee for new business or change of ownership)
- \$50.00 Life Safety Inspection (annually after initial inspection)
- \$50.00 Hazardous Materials (annually, if applicable)
- \$10.00 Temporary Permit (covers special events)
- \$50.00 Re-inspections (determined by Inspector)

	DATE	INITIALS	COMPLETED
APP SUBMITTED	_____	_____	Y / N
FEE PAID	_____	_____	Y / N
CASH	_____	CK _____	CREDIT CARD _____

Inspection fee covers the Initial Inspection and one (1) Follow-Up Inspection, if needed. Re-Inspections are subject to additional fees.

**DO NOT WRITE BELOW THIS LINE FOR INSPECTORS USE ONLY**

1<sup>st</sup> Inspection \_\_\_\_\_ Y / N      2<sup>nd</sup> Inspection \_\_\_\_\_ Y / N

Occupancy \_\_\_\_\_ Y / N

Certificate # \_\_\_\_\_

Line Safety \_\_\_\_\_ Y / N

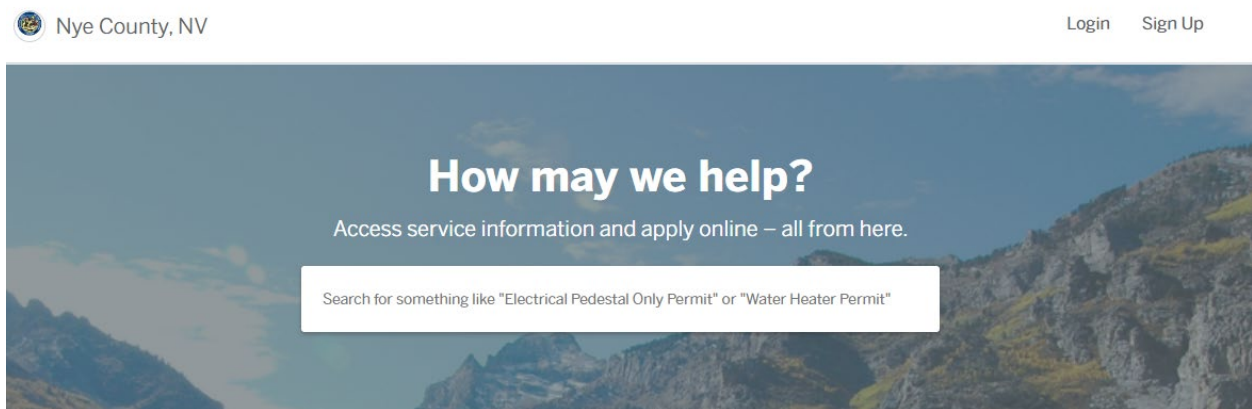
No. \_\_\_\_\_

# Mandatory for All New Businesses Located in Pahrump & Address Changes:

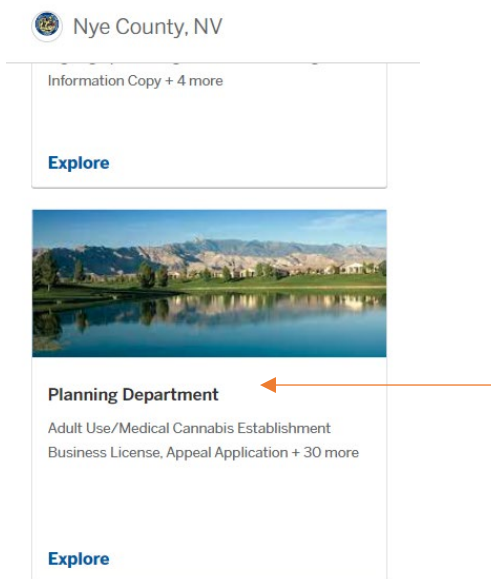
## Online Business License Review Application with Nye County Planning Department

**Step 1) In a web browser, navigate to:**

<http://nyecountynv.viewpointcloud.com/>



**Step 2) Scroll down and click on “Planning Department”:**





**Step 3) Scroll down to find “Business License Review,” and click on the blue “Select” button:**

Apply Online

<b>Adult Use/Medical Cannabis Establishment Business License</b>	<a href="#">Select</a>
<b>Appeal Application</b> If you wish to have the RPC reconsider a condition of approval that was placed upon your application you will need to apply for the Conditional Use Permit / Reconsideration of Conditions of Approval application and NOT an Appeal.	<a href="#">Select</a>
<b>Business License Review</b>	<a href="#">Select</a>

**Step 4) Click on the blue “Apply Online” button:**

Planning Department / Business License Review

[Apply Online](#)

**Business License Review**

**Step 5) Select “Sign Up” on the application page – enter your email address and create a password. Then click the blue “Sign Up>” button.**

The image shows a web interface for 'Citizen Services' in Nye County, NV. It has a header with a logo and the text 'Citizen Services' and 'Welcome to Nye County, NV'. Below the header are two tabs: 'Log In' and 'Sign Up'. An orange arrow points to the 'Sign Up' tab. Under the 'Sign Up' tab, there are two input fields: one for an email address (containing 'yours@example.com') and one for a password (containing 'your password'). At the bottom of the form is a large blue button labeled 'Sign Up >'. An orange arrow points to this button.

**Step 6) Follow the prompts to complete each page of the online application, clicking the blue “Next” button at the bottom of each page.**

**Once completed, the online application will be received by the Nye County Planning Department. They will send your approval letter via email – this process can take up to 3-5 business days.**

**Once received, the approval letter must be attached to your business license application and submitted to the Town of Pahrump Office.**