



## PROCEDURES FOR CHANGES TO ELKO CITY BUSINESS LICENSES

In accordance with Elko City Code 4-1-6, any changes made to an Elko City Business must be reported to the City of Elko Business License Department. **A new business license should be issued prior to opening a business in a new location within the city limits of Elko. Failure to do so may result in revocation of the license.** The attached application must be completed and returned to the Business License Department to make any changes to the existing license. Below are the instructions for making changes.

***\*\*Please note if you are deleting an owner(s) do not use this form. An Owner Deletion Affidavit is required.***

All businesses are required to provide verification that the changes they are making have been made to their Nevada State Sales or Use Tax Permit and their Nevada State Business License prior to making changes with our office. Below is the contact information:

Nevada Department of Taxation: [www.nvsilverflume.gov](http://www.nvsilverflume.gov) or [www.tax.state.nv.us](http://www.tax.state.nv.us)

Email: [renoevents@tax.state.nv.us](mailto:renoevents@tax.state.nv.us)

Phone: 775-687-9999

Nevada Secretary of State: [www.silverflume.gov](http://www.silverflume.gov) or [www.nvsos.gov](http://www.nvsos.gov)

Phone: 775-684-5708

**Business Name Change Requests:** Complete the application and provide the required state verifications.

**Change of Mailing Address:** Complete the application and provide the required state verifications.

**Entity Change (Structure):** Complete the application and provide the required state verifications.

**Additional Owner:** Complete the application and provide the required state verifications.

**Adding or Deleting business type(s).** You can add, change or delete types shown on your license. Other information may be required by the Licensing Department.

**Change of Physical Address:** If the business is not located within the city limits of Elko the application is the only form required.

For businesses located within the City of Elko which are moving locations, the licensee must complete the application, provide the required state verifications and complete the Central Dispatch Form. The City Staff will contact the required departments for inspections.

If your business is currently located in your home within the city limits of Elko, or you will be changing your location to your home located in the city limits, you must complete the application and Central Dispatch Form. You will also be required to contact the City Planning Department to update or obtain a Home Occupation Permit which must be submitted with the application.

**For a new ownership, the new Business License Application package must be submitted.**

Submit completed forms to: **City of Elko Business License Department**  
**1751 College Avenue Elko, NV 89801**

For questions call 775-777-7138 or email us at [buslic@elkocitynv.gov](mailto:buslic@elkocitynv.gov). Or visit our website at [www.elkocity.com](http://www.elkocity.com).



# Changes to an existing Business License Application

This application is for current Elko City Business Licensees requesting changes to their current license, please legibly print or type the information. **This form cannot be used when requesting a deletion of an owner.** Return to the address below.

Business Name: \_\_\_\_\_ License # \_\_\_\_\_

Please check the applicable box.

**Business Name Change Request:**

Previous Business Name  
\_\_\_\_\_

New Business Name  
\_\_\_\_\_

**Change of Physical Business Address**

(Inspections will be required for businesses located within city limits not in your home.) Approval form must be attached.

Previous Business Address  
\_\_\_\_\_  
\_\_\_\_\_

New Business Address  
\_\_\_\_\_  
\_\_\_\_\_

New Phone Number: \_\_\_\_\_

**Change of Mailing Address**

Previous Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_

**Entity Change (Structure)**

Previous Entity  
Sole Proprietor \_\_\_ Partnership \_\_\_  
S. Corp \_\_\_ LLC \_\_\_  
Privately Held Corp \_\_\_ LLP \_\_\_

New Entity  
Sole Proprietor \_\_\_ Partnership \_\_\_  
S. Corp \_\_\_ LLC \_\_\_  
Privately Held Corp \_\_\_ LLP \_\_\_

**Additional Owner(s) This form cannot be used when requesting a deletion of an owner.**

Name	Percent Owned	Residence Address	Residence Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Adding or deleting business type(s)**

Previous Business type(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Business type(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of property owner (if different than applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Signatures: Please sign acknowledging the change. All new additional owners must also sign. Attach extra page(s) if necessary.

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 forge instrument for filing.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name Date



**ELKO CITY BUSINESS LICENSE DEPARTMENT  
 APPROVAL FORM FOR ADDRESS CHANGES ONLY  
 1751 COLLEGE AVE. ELKO, NEVADA 89801  
 PHONE: (775) 777-7138  
 FAX: (775) 777-7129 EMAIL: [buslic@ci.elko.nv.us](mailto:buslic@ci.elko.nv.us)**

Business Name \_\_\_\_\_ Date \_\_\_\_\_

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

The Business License Department will contact the following departments for inspections when the application is turned in. When the inspections have been completed and signed off, a corrected license will be issued.

1. \_\_\_\_\_  
 Elko City Planning Department  
 1751 College Ave. Elko, NV 89801  
 775-777-7160  
 \_\_\_\_\_  
 Date Signed
  
2. \_\_\_\_\_  
 Elko City Fire Marshal  
 911 West Idaho Street. Elko, NV 89801  
 775-777-7345  
 \_\_\_\_\_  
 Date Signed
  
3. \_\_\_\_\_  
 Elko City Building Department  
 1753 College Ave. Elko, NV 89801  
 775-777-7220  
 \_\_\_\_\_  
 Date Signed  
 (Please note the Building Department will not sign until the Fire Department has signed!)
  
4. \_\_\_\_\_  
 Elko Development Department  
 1755 College Ave. Elko, NV 89801  
 775-777-7213  
 \_\_\_\_\_  
 Date Signed
  
5. \_\_\_\_\_ (for food & drink related businesses only)  
 Public Health Department ID# \_\_\_\_\_  
 1020 Ruby Vista Dr. Ste. 103 Elko, NV 89801 Expiration Date \_\_\_\_\_  
 775-753-1138
  
6. \_\_\_\_\_  
 Business License Department  
 1751 College Ave. Elko, NV 89801  
 775-777-7138
  
7. Proof provided from the Nevada Department of Taxation (to be completed by License Dept.)  
 \_\_\_\_\_

# Elko Central Dispatch Administrative Authority

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Dear Business Owner,

The Central Dispatch Administrative Authority is working to serve the businesses of the area in an efficient manner. To accomplish this goal, we are contacting each business to obtain the information needed to update our records. Please fill out this form and return it to the Central Dispatch Administrative Authority at 725 Aspen Way, Elko NV 89801 or fax to (775) 738-5604.

**This information is vital to assist the law enforcement agencies to better serve your business after hours. THIS INFORMATION WILL NOT BE RELEASED TO THE GENERAL PUBLIC. WE WILL ENTER IT INTO OUR COMPUTER SYSTEM TO BE USED FOR OFFICIAL PURPOSES ONLY.**

Date \_\_\_\_\_

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

Business Owner \_\_\_\_\_ Phone number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business address \_\_\_\_\_

**If this is an address change,**

Previous address \_\_\_\_\_

If there is a problem with my business after hours, I would like the following people called. Please place in the order in which you wish notified first, second, etc. Please list at least two people if at all possible.

1 Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone/Cell \_\_\_\_\_

2 Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone/Cell \_\_\_\_\_

3 Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone/Cell \_\_\_\_\_

**SPECIAL INSTRUCTIONS (IF ANY):** (Example: Animal(s) on premises/hazardous materials/Alarm Company name and phone number if available. Any other information to aid in officer safety, or the safety of other emergency personnel responding.)

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Should any information provided above change, please notify the Dispatch Center at 777-7300 as soon as possible. Updating this information assists us in providing the best service and protection possible for your business. Thank you for helping us to serve you better.

**CENTRAL DISPATCH ADMINISTRATIVE AUTHORITY/911**

725 Aspen Way Elko, NV 89801 (775)777-7300 (775)738-5604 Fax



# Business License Review Form

**The following information is mandatory and will be used to determine inspections required to process your Business License application.**

**Incomplete forms will NOT be accepted.**

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

Contact Name and Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Description of Business Activities: \_\_\_\_\_

**Building/Zoning:** Contact Cathy Laughlin (775-777-7162) in Planning or Jeff Ford in Building (775-777-7220).

Have you verified that your proposed business use is permitted for the zoning district in which you plan to locate?  YES  NO

Is this property a commercial/industrial or residential?  Commercial/Industrial  RESIDENTIAL

Are you the first tenant in a new building?  YES  NO

Has the building sat vacant for 12 months or more?  YES  NO

Is this property a rental?  YES  NO

Are you the property owner?  YES  NO

Are you changing the use of the building or suite? (office to a deli etc... )  YES  NO

Specify changes: \_\_\_\_\_

Are you making ANY construction improvements to the space?  YES  NO

Examples: Add or remove walls/doors/windows, change stairs, add sinks or electrical outlets, etc. Excludes cosmetic improvements such as carpet and paint.)

Specify Changes: \_\_\_\_\_

If location is in a residential structure: I have received and read the home-based business criteria and certify I will maintain compliance with these and all regulation to preserve the validity of my business license. \_\_\_\_\_ Initials

**Environmental Department:** Contact Adeline Thibault (775-777-7213) or Michele Rambo (775-777-7217).

**Please check any/all boxes describing the business:**

- |   |  |
|---|--|
| <input type="checkbox"/> Apartments (2 or more units)   | <input type="checkbox"/> Trailer Park/RV Park                                  |
| <input type="checkbox"/> Auto repair, maintenance, paint, or body shop  | <input type="checkbox"/> Waste tire Hauling                                    |
| <input type="checkbox"/> Car Wash, Wash Bay, or any vehicle washing   | <input type="checkbox"/> School  |
| <input type="checkbox"/> Carpet Cleaning/Cleaning services  | <input type="checkbox"/> Silk screening, photo facility or printing facility   |
| <input type="checkbox"/> Childcare  | <input type="checkbox"/> Pool/Spa  |
| <input type="checkbox"/> Convenience Store  | <input type="checkbox"/> Medical waste   |
| <input type="checkbox"/> Dental offices   | <input type="checkbox"/> Medical/Clinical                                      |
| <input type="checkbox"/> Dry Cleaning or commercial laundry   | <input type="checkbox"/> Mobile Operations                                     |
| <input type="checkbox"/> Facility that does any fabrication   | <input type="checkbox"/> Painting, metal finishing or powder coating           |
| <input type="checkbox"/> Hotel/Motel  | <input type="checkbox"/> Liquid waste hauling                                  |
| <input type="checkbox"/> Invasive body decoration   | <input type="checkbox"/> Facility with X-Ray using chemical fixer or developer |
| <input type="checkbox"/> Prepare, sell, serve or clean up of food for animal or human consumption                 |  |
| <input type="checkbox"/> Facility containing any commercial kitchen equipment, grease interceptor or grease traps |  |



Storage of products, hazardous substances, that may be harmful to the environment (including but not limited to: waste oil, transmission fluid, solvents, thinners, organic liquids, acids, alkaline materials, X-ray fixer, etc.)

Does the building where you will operate have a backflow device?  YES  NO  
Does the building where you will operate have floor drains?  YES  NO  
Does the building where you will operate have a sand oil separator?  YES  NO  
Does the building where you will operate have a grease interceptor?  YES  NO

All businesses create waste. (Off gases, wash water, cardboard, etc.) What types of waste are you creating?  
And where is your waste going? \_\_\_\_\_

**FIRE PREVENTION:** Contact Jamie Winrod (Fire Marshal) at 775-777-7352.

Are you renting a booth/space from an existing or already established business?  YES  NO

(Examples: Executive Suites, Beauty Salon, Massage Therapist, Tattoo Parlor, etc..)

If yes, list the name and contact of the person responsible for the established business.

Primary Business Name and Contact Person: \_\_\_\_\_

Primary Business Phone and Address: \_\_\_\_\_

Does your suite or office have an exterior door?  YES  NO

Are you using your residence for any type of child or adult care facility in the home?  YES  NO

The following list of business types may require a fire permit/inspection.

*If applicable, please check the appropriate boxes.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aerosol Products                            | <input type="checkbox"/> Exhibits and Trade Shows   | <input type="checkbox"/> Cutting and Welding                  |
| <input type="checkbox"/> Assembly/Amusement over 50 People           | <input type="checkbox"/> Explosives                 | <input type="checkbox"/> Dry Cleaning Products                |
| <input type="checkbox"/> Carnivals and Fairs                         | <input type="checkbox"/> Magnesium > 10 lbs.        | <input type="checkbox"/> Open Flames and Torches              |
| <input type="checkbox"/> Cellulose Nitrate Film                      | <input type="checkbox"/> Gal Floor Finishing        | <input type="checkbox"/> Organic Coatings > 1 gal/day         |
| <input type="checkbox"/> Combustible Dust Producing                  | <input type="checkbox"/> Fruit and Crop Ripening    | <input type="checkbox"/> Plant Extraction                     |
| <input type="checkbox"/> Combustible Fibers > 100 Cu ft.             | <input type="checkbox"/> Fumigation or Fogging      | <input type="checkbox"/> Pyrotechnic Special Effects Material |
| <input type="checkbox"/> Mobile Food Truck                           | <input type="checkbox"/> Hazardous Materials        | <input type="checkbox"/> Pryoxlylin Plastics > 25 lbs.        |
| <input type="checkbox"/> Combustible Storage > 2000 cu ft.           | <input type="checkbox"/> Hot Works Operations       | <input type="checkbox"/> Mechanical Refrigeration             |
| <input type="checkbox"/> Compressed Gases                            | <input type="checkbox"/> Industrial Ovens           | <input type="checkbox"/> Repair Garages and Motor Fuel        |
| <input type="checkbox"/> High Piled Combustible Storage >500 sty ft. | <input type="checkbox"/> Lumber Yards/woodworking   | <input type="checkbox"/> Dispensing Rooftop Heliports         |
| <input type="checkbox"/> Flammable and Combustible liquids >5        | <input type="checkbox"/> Liquefied Petroleum Gases  | <input type="checkbox"/> Spraying or Dipping                  |
| <input type="checkbox"/> Storage of Scrap Tires and Tire Byproducts  | <input type="checkbox"/> Tire-Rebuilding Plants     | <input type="checkbox"/> Waste Handling Plants                |
| <input type="checkbox"/> Waste Handling Facilities                   | <input type="checkbox"/> Wood Products > 200 cu ft. |   |

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 a review form 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 form is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*City Staff in Engineering Annex (behind City Hall) must sign to continue Business License Process.\*\*\***

Additional paperwork and/or inspections may be required based on the answers provided on this form.