

Business License Application
CITY OF CALIENTE
PO BOX 1006
CALIENTE NV 89008
775-726-3131

The undersigned hereby submits application for a business license under Chapter 7,
Caliente Municipal Code

Business Name: _____

Name of Individual Submitting Application: _____

Residence Address: _____

Business Location and Address: _____

Business Mailing Address: _____

Type of Business: _____

Type of Ownership: () Sole proprietorship () partnership () corporation

Business Phone No.: _____ Fax No.: _____

Have you ever had a Health Department Inspection? No / Yes If yes, what date _____

Have you ever had a State Fire Marshall Inspection? NO / Yes If yes, what date _____

Did your Business require a Conditional Use Permit? No / Yes If yes, date approved _____

No. of employees _____ No. of Associates / Owners _____ No. of Music Machines _____

No. of Gambling Machines _____ No. of Pool Tables _____ No. of Tobacco Vending Machines _____

No. of Food/Drink Vending Machines _____ No. of Coin Operated Amusements _____

Other _____ No. of Rooms/Spaces (Motel/RV Parks) _____

If Contractor:

State Contractor's License No. _____

Bond: No. _____ Company: _____ Amount: _____

Name of Owner(s): _____

DOB: _____ State/Driver's License No. _____

Phone: _____ Cell: _____ Fax: _____

Physical Address: _____

Mailing Address: _____

Name of Manager (if applicable) _____

DOB: _____ State/Driver's License No. _____

Phone: _____ Cell: _____ Fax: _____

Physical Address: _____

Mailing Address: _____

Emergency Contact Name: _____

Phone: _____ Cell Phone: _____

I, the undersigned, under penalties of perjury, state that the foregoing application is true, correct and complete to the best of my knowledge, information and belief. I further acknowledge that any falsehood or nondisclosure material to the application constitutes grounds for denial, revocation or refusal to renew the license.

I agree that I have or will comply with all State and Federal licensing and regulation for my type of business.

I also agree that I will carry liability insurance to suit my business.

Firm Name _____

Signature of Owner

Date

Signature of Owner

Date

Signature of Witness

Date

For Official Use Only

Application No.: _____ Date filed: _____ Classification _____

Fee: _____ Approved _____ Disapproved _____ Date _____

Signature of City Clerk

Date