

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