



## Resident Business Application Packet

### Checklist

The City of Boulder City requires the following items to be submitted with your Business License Application:

**Businesses using a residential address must obtain a Home Occupation Permit.  
Contact Community Development for applications or call 702-293-9282 for further information.**

- Child Support Status Statement (*pursuant to NRS 266.358*) pg. 3
  
- Nevada State Business License (*pursuant to NRS 76.100*) pg. 4
- Nevada Sales & Use Tax permit or eClearance (*pursuant to NRS 364.110*) pg. 4
- Workers' Compensation insurance or eAffirmation (*pursuant to NRS 616A-D*) pg. 4
  
- A copy of your Fictitious Firm Name (*pursuant to NRS 602.010*) pg. 5
- A copy of any other required Federal, State or County license.
- Letter or lease agreement signed by the owner of the property or property manager
- Copy of applicant's driver's license
- Non-Profit businesses must provide a copy of your letter from the IRS acknowledging non-profit status or proof of being registered with the NV Secretary of State as non-profit.

**If the above items are not submitted with your application, it will be returned to you.**

License fees will be collected after the license is approved.

Make checks payable to: City of Boulder City

*Applications pending longer than 120 days without any action will be canceled.*

***Prior to application, we recommend you contact Community Development – Planning & Zoning, to verify if your proposed business is a permitted use.***

***After submitting your application you will need to schedule inspections with following departments:***

***Fire Department - 702-293-9228***

***Building & Safety Division- 702-293-9282 (an inspection fee may apply)***

***(Inspections do not apply to residential addresses.)***

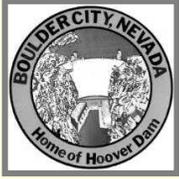
***After approvals are received from the Fire and Building Departments, the Business License Office will notify you that the license can be issued, pending payment.***

***All signs must be approved by Community Development.***

***Placements of any items in the right-of-way need an encroachment permit from Public Works-Engineering.***

***For commercial disposal services contact Boulder City Disposal at 702-293-2276.***





CITY OF BOULDER CITY

**RESIDENT BUSINESS**

APPLICATION

401 California Ave., Boulder City, NV 89005

Phone 702-293-9219 Fax 702-293-9411

[www.bcnv.org](http://www.bcnv.org)

[licensing@bcnv.org](mailto:licensing@bcnv.org)

DATE: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Type of business: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/>		
<b>BUSINESS NAME (DBA):</b>	BUSINESS PHONE:	BUSINESS FAX:
CORPORATE / LEGAL NAME:	EMAIL:	WEB ADDRESS:
BUSINESS ADDRESS:	CITY:	STATE: ZIP:
BUSINESS MAILING ADDRESS:	CITY:	STATE: ZIP:
<b>APPLICANT:</b> (owner/officer/member)	PHONE:	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS:	CITY:	STATE: ZIP:
MAILING ADDRESS:	CITY:	STATE: ZIP:
<b>CONTACT PERSON:</b> (if different than applicant)	PHONE:	
MAILING ADDRESS:	CITY:	STATE: ZIP:
EMAIL:		
<b>EMERGENCY CONTACT:</b> (in case of fire or break in after business hours)	PHONE:	
<b>EMERGENCY CONTACT:</b> (in case of fire or break in after business hours)	PHONE:	
<b>TYPE OF BUSINESS: check all that apply</b>		
<input type="checkbox"/> Retail new	<input type="checkbox"/> Retail used	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Health services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Leasing	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Home business
<input type="checkbox"/> Service	<input type="checkbox"/> Contractor	<input type="checkbox"/> Delivery
<input type="checkbox"/> Rental units	<input type="checkbox"/> Financial institution	<input type="checkbox"/> Bank
<input type="checkbox"/> Coin/Vending	<input type="checkbox"/> Telephone Soliciting	<input type="checkbox"/> License Hang
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Mortgage broker	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Outside dining
<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Other	

**DESCRIBE IN DETAIL THE NATURE OF YOUR BUSINESS AND HOW IT WILL BE CONDUCTED:**

Include product sold, labor performed and/or services rendered. (Example: Retail sale of major appliances to public 60%; repair 40%)


**OFFICE USE ONLY**

Dated entered: \_\_\_\_\_ Business Account # \_\_\_\_\_ Comments: \_\_\_\_\_

## Affidavit questions and statement

1. Is any owner/officer/member indebted or obligated financially in any manner or fashion to the City of Boulder City, excluding current utility bills or land sale payments?  Yes  No (If yes, attach a statement giving full explanation of such indebtedness or obligation.)
2. Attach a copy of all other permits or licenses required for this business.
3. Sign permits: except for signs in windows or on entry doors (not overhead doors), signs require the issuance of a permit form from the Community Development Department.
4. The frontage of the premises is \_\_\_\_\_ feet. (frontage of building only if this is a home based business)
5. No. of Employees (Full Time) \_\_\_\_\_ (include all owners)
6. No. of Employees (Part Time) \_\_\_\_\_
7. Hours of operation per week \_\_\_\_\_
8. # of tables/seating (food/drinking establishment) \_\_\_\_\_
9. # of cars being stored outside (car sales) \_\_\_\_\_
10. # of rental units (apartment, condo, home) \_\_\_\_\_
11. If any changes to this business occur, written notification must be submitted to the Business License Office.

I, \_\_\_\_\_, do hereby solemnly swear or affirm that all statements contained in this application are true and correct to the best of my knowledge and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a City license. If this application is approved and a license issued, it will be accepted by me subject to the terms and provisions of the "BOULDER CITY, NEVADA, BUSINESS LICENSE CODE," and such other rules and regulations as may at any time hereafter be adopted or enacted by Resolution or Ordinance of the City Council or Boulder City, Nevada. I further acknowledge that if a license is issued it will not be transferred to any other person at this location or used for the operation and conduct of such business at another location.

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant (must be owner/officer/member)

\_\_\_\_\_  
Notary Public or City License Clerk

### OFFICE USE

*Points calculation*

**CLASS:**  **A 1000** Every business shall be designated class A, and one thousand (1,000) points shall be attributable thereto, except the following:  
 **B 1500** Accountant, Architect, Attorney, Barber, Chiropractor, Cosmetologist, Dental laboratory, Dentist, Doctor, MD, Engineer-professional, Healing arts and schools, Light and power company, Massage center, Massage technician, Medical laboratory, Optician, optometrist, Osteopath, Physical therapist, Real estate broker, Veterinarian, Any medical profession which requires a state license  
 **C 2000** Loan office and agency, Motor vehicle body shop, Pawnshop, Pool hall, Public dance establishment, Secondhand store, Taxicab and cars for hire, Undertaker or funeral home, Wholesale gas and oil

**SPECIAL CHARACTERISTICS:**

- a 100,000 Fortune teller, astrologer, clairvoyant, medium, palmist, phrenologist or similar profession, and adult-oriented theater, adult-oriented book store and businesses of a similar nature.
- b 50,000 Junk dealer, junk yard, auto salvage yard, refuse collection, recycling or similar business.
- c 10,000 Bank, bus line or railroad.
- d 2000 Pawnshop, secondhand store, tavern or package liquor store
- e 1000 Cocktail lounge, alcoholic liquor service bar or package limited liquor store, or department store.
- f 50 Per vending or video game machine, excluding weighing and stamp machines.

**FRONTAGE FEET:**  <14=100  15-24=250  25-35=400  36-49=1000  50-75=1500  76-100=2500  101-500=3500  >500=3500 plus 40 per foot over 500

**EMPLOYEES (FULL TIME) = 200 per**

**EMPLOYEES (PART TIME) = 50 per**

**HOURS OPERATED:**  54 or less=400  55-90=600  91-125=800  126 and over=1000

**RENTAL UNITS: =50 per**

**TOTAL POINTS** \_\_\_\_\_

Min 2666.5 pts

Affidavit signed: \_\_\_\_\_  
 Child Support Statement: \_\_\_\_\_  
 NV State Business License: \_\_\_\_\_  
 Department of Taxation: \_\_\_\_\_  
 Division of Industrial Relations: \_\_\_\_\_

Federal,/State/County license/permit: \_\_\_\_\_  
 Lease Agreement: \_\_\_\_\_  
 Driver's License: \_\_\_\_\_  
 Proof of Non Profit: \_\_\_\_\_  
 Fictitious Firm Name: \_\_\_\_\_

## Child Support Status Statement

The Federal Welfare Reform Act, as implemented by the 1997 session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation (NRS 425.520 & 266.358) you are required to complete this statement and return it with your application. Failure to complete and return this statement will be cause to deny your business license application.

The undersigned has applied for a Business License in the City of Boulder City and pursuant to SB356 solemnly swears or affirms that the statement contained in this affidavit is true and correct to the best of his/her knowledge and that this statement is executed with knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a Business License.

I understand that a copy of this statement will be sent to the State of Nevada, Department of Welfare, for verification.

Please indicate the appropriate response:

1. \_\_\_\_\_ This is a Corporation, LLC, or a registered partnership, registered with the Sate of Nevada and are therefore exempt.
2. \_\_\_\_\_ I am not subject to a court order for the support of a child.
3. \_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
4. \_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Applicant (must be owner/officer/member)





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



FOR INFORMATIONAL PURPOSES ONLY

**To obtain your:**

**Nevada State Business License  
Nevada Sales & Use Tax / eClearance Letter  
Workers' Compensation / eAffirmation of Compliance**

Apply online at: [www.nvsilverflume.gov](http://www.nvsilverflume.gov)

**Print out your confirmation / receipt and bring it back with your completed City application.**

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## **RESOURCES:**

### **Nevada Department of Taxation**

Register online: [tax.state.nv.us](http://tax.state.nv.us)  
555 E. Washington Avenue Suite 1300  
Las Vegas NV 89101  
--or--  
2550 Paseo Verde Pkwy Ste 180  
Henderson NV 89074  
1-866-962-3707

### **Nevada State Contractor's Board**

Web address: [nvcontractorsboard.com](http://nvcontractorsboard.com)  
2310 Corporate Circle Ste 200  
Henderson NV 89074  
702-486-1100

### **Nevada Department of Motor Vehicles**

Web address: [dmv.nv.com](http://dmv.nv.com)  
1399 American Pacific  
Henderson NV 89074  
702-486-4368

### **Nevada Secretary of State**

Register online: [nvsilverflume.gov](http://nvsilverflume.gov)  
555 E. Washington Ave. Ste 5200  
Las Vegas NV 89101  
702-486-2880

### **Nevada Department of Business & Industry**

Web address: [dirweb.state.nv.uw](http://dirweb.state.nv.uw)  
1301 N. Green Valley Pkwy. Ste 200  
Henderson NV 89074  
702-486-9080

### **Southern Nevada Health District**

Web address: [southernnevadahealthdistrict.org](http://southernnevadahealthdistrict.org)  
330 S. Valley View Blvd  
Las Vegas NV 89152  
702-759-1000

### **Clark County Clerk** (Fictitious Firm Name filings)

Web address: [clarkcountynv.gov](http://clarkcountynv.gov)  
200 Lewis Ave  
Las Vegas NV 89101  
702-671-0500  
--or--  
500 S. Grand Central Pkwy  
1<sup>st</sup> & 6<sup>th</sup> Floors  
Las Vegas NV 89155  
702-455-4431  
--or--  
240 Water St.  
Henderson NV 89015  
702-455-1055

*Thursdays only*



FOR INFORMATIONAL PURPOSES ONLY  
**Boulder City Fire Department**  
1101 Elm Street  
Boulder City, NV 89005  
702-293-9228

**Commercial Fire Inspection Checklist for New Business Inspections**

Please contact the Fire Department for your New Business Inspection once you have moved any and all equipment, supplies, computers, etc into the business address (as if you were ready to open the business tomorrow).

**The inspectors will be looking for the following compliance areas, if applicable:**

**Exit Ways:**

Identify exit doors and clearly mark with Exit Signs that are "Illuminated". If no power, you may use a Self-Luminous UL approved Tritium Exit Sign (they are warranted for 10 to 20 years). ([Exitsigns.com](http://Exitsigns.com), [Grainger.com](http://Grainger.com), etc.) Make sure that no flammable liquids are near exit ways. Make sure that nothing is in front of your exit doors. Exit door must have sign "Must Remain Unlocked During Business Hours". Must be permanently affixed and installed on the egress side of the door jam and shall be in letters one inch high on a contrasting background per the 2009 IFC Section 1008. Provide exit signs to indicate direction of egress.

**Storage:**

18" clearance for heat-producing appliances. Combustible materials storage must be orderly. Remove any kind of storage from exits, aisles and corridors. Remove storage from mechanical room – electrical panel clearance. Make sure that storage is not too close to the ceiling – 2 ft if not sprinkled/ 18' if sprinkled.

**General:**

Place address so it is visible from the street from both directions. Contrast the color of the address number with the color of the background. Illuminate the address directly or indirectly so it is visible at night. Address must be displayed at each entrance - less than 100 feet from the curb requires minimum of 8 inch high numbers; further than 100 feet from the curb requires minimum of 12 inch high numbers. Unit number on rear door must be a minimum of 3 inches high.

**Alarm Systems:**

Fire Sprinkler, Monitoring, and Alarm systems maintained, tested, and tagged by State Fire Marshal approved company.

**Fire Monitoring Systems:**

Provide maintenance and inspection agreements via 702-293-9221 Fax or [fire@bcnv.org](mailto:fire@bcnv.org)

**Sprinkler Extinguishing Systems:**

Provide sprinkler maintenance agreement. Repair defective, damaged, corroded, or painted heads immediately.

**Fire Extinguishers:**

Have extinguisher(s) serviced and tagged annually. Hang extinguisher top no more than 5 feet from floor. Post sign for extinguisher(s) that are not readily visible.

**Approved Fire Extinguishers:**

1. You can purchase a five ( 5 ) LB fire extinguisher thru any fire extinguisher company. Look in Yellow Pages under "Fire Extinguisher". They will place the current State of Nevada approved tag on the extinguisher. Every year you will need to have the extinguisher inspected thru an licensed fire extinguisher company and tagged with a current State of Nevada approved date tag. According to OSHA, the inspection tag must list the date of the last inspection and when the next inspection is due. Maintenance of all fire extinguishers is required on an annual basis.  
OR
2. Store bought five ( 5 ) LB fire extinguishers are acceptable with current year date stamp on bottom of extinguisher. You will need to purchase a new extinguisher every year w/ current date stamp on bottom of extinguisher or you will need to have the extinguisher inspected by a licensed fire extinguisher company and tagged with a current State of Nevada approved date tag. According to OSHA, the inspection tag must list the date of the last inspection and when the next inspection is due. Maintenance of all fire extinguishers is required on an annual basis.

**Knox Box:**

Provide Knox Box if you have an Alarm system and/or a Sprinkler system. You can obtain a Knox Box order form at the Fire Station.

Please complete the form and return it to the Fire Department for the Fire Chief's written approval or you can order on line:

<http://www.knoxbox.com/store/findDept.cfm> Once written approval is obtained by the Fire Chief you will either mail in the form with a check to the Knox Company or if paying via credit card the fire station can scan and email the form directly to the Knox Company. It takes approx. two weeks after the order is receive to receive the Knox box from the company. The box will be mailed directly to you. Once you have installed the Knox box, please contact the fire station on duty Captain to request they come to your location, open the box, and place the business door key you are providing into the box.

<http://www.knoxbox.com/store/Knox-Box-3200-Series.cfm>

**Electrical:**

Provide cover plates for electric outlets. Make sure there is no use of extension cords. Power surge protectors are allowed.

**Commercial Cooking:**

The hood system must have been serviced and tagged in the last six months; if not, have service performed. Clean grease filters.

Must have a 40BC extinguisher within 30 feet of cooking. Extinguisher system must remain operative at all times. Provide maintenance agreement with fire protection company to the Fire Department.

**Gases:**

Identify compressed gas cylinders. Secure compressed gas cylinders. Provide protection for gas meters. Indicate individual unit numbers on meter banks.

**Inspections are done Monday - Friday, except holidays, between the hours of 10:00 am and 4:00 pm. The on-duty Boulder City Fire Department crewmembers perform the New Business Inspections. We try to give an approximate time of the appointment however, if there is an emergency call, the crew will try to be at your place of business as soon as possible after the emergency call.**

## **FIRE DEPARTMENT REQUIRED PERMITS**

A permit is required from the Boulder City Fire Department to engage in the activities or use products listed below. In some cases, the permit is required only when quantities exceed a threshold amount. Consult the Fire Department to determine if a permit is needed (293-9228).  
Not limited to: All permitted items not listed.

### **Annual**

Aerosol products  
Aircraft refueling vehicles  
Aircraft repair hangar  
Assembly  
Automobile wrecking yard  
Battery system  
Commercial rubbish handling  
Compressed gases  
Cryogen's  
Dry cleaning plants  
Dust producing operations  
Flammable and combustible liquids  
Hazardous materials  
Hot work operations  
LPG-storage and use  
Lumber yard  
Magnesium working  
Motor vehicle fuel dispensing station  
Ovens  
Place of assembly  
Radioactive materials  
Refrigeration equipment  
Repair garage, vehicles & boats  
Monitoring station  
Spray booth  
Spraying and dipping  
Tire storage  
Wood products

### **One-Time**

Asbestos removal  
Bowling pin or alley refinishing  
Candles and open flames  
Carnival and fairs  
Explosives or blasting agents  
Fire alarm system-installation  
Fire extinguishing system-installation  
Fireworks  
Gates, automatic  
Parade floats  
Pyrotechnic special events  
Temporary membrane structures,  
Tents and canopies



**City of Boulder City**  
 Community Development Department  
 Building and Safety Division  
 401 California Avenue  
 Boulder City, NV 89005-2600  
 702-293-9282 (Main Line)  
 702-293-9392 (Fax)

## Certificate of Business Occupancy Inspection Checklist

Business Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ BC NV 89005

Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Approx Sq. Ft. \_\_\_\_\_

Inspector: \_\_\_\_\_

An occupancy inspection is required to ensure health, safety and the general welfare of the public. An occupancy inspection is required when a new business is opened, ownership is changed, the business name is changed or when an existing business moves to a different location. Home-based businesses and "license hangs" are exempt.

The occupancy inspection must be scheduled with the Building and Safety Division after approval by other agencies and departments such as the Fire Department, the Health District and the Planning and Zoning Division.

Pass	Fail	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business must have the address displayed with the suite number visible from the street
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main entrance to the business must have a locking mechanism that operates from the inside without the use of a key or have a sign posted at the door stating "THIS DOOR TO REMAIN UNLOCKED DURING BUSINESS HOURS"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exiting hardware that is installed (exit lights, signs, doors, etc.) must be functional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit path (doors, corridor width and travel distance) must be code compliant and unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maximum occupant load must be posted in conspicuous place, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails, guardrails, steps and landings must comply with the code under which the building was originally constructed or the first adopted code (1960 UBC), if constructed prior to 1960
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restroom facilities must be available and code compliant (ventilation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessibility requirements (ADA) must be code compliant when technically feasible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main electrical service disconnect must be identified with the appropriate address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical panel(s) and disconnect shall be free from obstructions and be accessible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical receptacles (110 volt) within six (6) feet of a source for water require ground fault circuit interrupter (GFCI) protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business area must have the means to maintain a temperature of 66° three feet above the floor level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupancy type is the same as the last permitted activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire separation requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe electrical system conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past or present work observed that was/is being done without a permit



**City of Boulder City**  
**Community Development Department**  
**Building and Safety Division**  
401 California Avenue  
Boulder City, NV 89005-2600  
702-293-9282 (Main Line)  
702-293-9392 (Fax)

## Request for Certificate of Business Occupancy

The purpose of this inspection is to ensure the business location is in compliance with the currently adopted codes. This inspection must be scheduled after all other governmental agencies have completed their respective inspections. The business license and the Certificate of Business Occupancy will not be issued until all inspections are complete and approved. Inspection fee of \$60.00 must accompany this form.

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

Business Address: \_\_\_\_\_ BC NV 89005

Describe the business activity: \_\_\_\_\_

Provide a sketch in this box of the area in which the business is located indicating bathrooms with dimensions, exits, hallways, shelving and displays. Identify any neighboring businesses.

I hereby certify that the information provided on this form is complete and correct. I hereby request the issuance of a Certificate of Business Occupancy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date