



CITY OF BOULDER CITY
NON-RESIDENT BUSINESS
APPLICATION

401 California Ave. Boulder City NV 89005
Phone 702-293-9219 Fax 702-293-9411

www.bcnv.org
licensing@bcnv.org

DATE: _____

Received by: _____ Date: _____

Type of business: Corporation LLC Partnership Sole Proprietor Other _____

BUSINESS NAME (dba): _____ Phone _____

Owner Name: _____

Business Address: _____

Mailing Address: _____

Email address: (renewals, correspondence, etc.) _____

NATURE OF BUSINESS: Retail/Wholesale Service Contractor One-Time permit (24 hrs only) date _____ Other

Explain fully: _____

Include a copy of each item:

- Business License from primary jurisdiction.
- Any NV State Regulated License
(i.e. Contractors, Bail Bonds, Pest Control, Real Estate, etc.)
- Fictitious Firm Name
- NV Sales Tax permit if applicable
- NV State Business License. *(issued from the NV Secretary of State)*

APPLICANT: (must be owner/officer/member)

Name: _____ Title: _____

Contact phone: _____ Email: _____

License fees will be pro-rated for the initial application and are listed on the back of form. (Annual billing is July 1 – June 30)

Make checks payable to: City of Boulder City		Pro-rated fee
<input type="checkbox"/> RETAIL BUSINESS	\$175.00 annual fee	\$ _____
<input type="checkbox"/> SERVICE / WHOLESALE BUSINESS	\$100.00 annual fee	\$ _____
<input type="checkbox"/> CONTRACTOR	\$200.00 annual fee	\$ _____
<input type="checkbox"/> ONE – TIME PERMIT	\$ 30.00 per 24 hr period	\$ _____
<input type="checkbox"/> COIN OPERATED MACHINES	\$ 50.00 per machine annually	\$ _____
<input type="checkbox"/> OTHER	\$ TBD	\$ _____

I/We do hereby declare that all statements contained in this application are true and correct to the best of my knowledge, and that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a City License. Should this application be granted, I/We will accept such license subject to the terms and provisions of the Ordinance under which granted.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public or City Staff

OFFICE USE ONLY:

Business Acct # _____ Comments: _____

PRO-RATED FEES:

RETAIL

ANNUAL FEE - \$175.00

12 MONTHS = \$175.00 (July)
11 MONTHS = 160.42 (August)
10 MONTHS = 145.83 (September)
9 MONTHS = 131.25 (October)
8 MONTHS = 116.67 (November)
7 MONTHS = 102.08 (December)
6 MONTHS = 87.50 (January)
5 MONTHS = 72.92 (February)
4 MONTHS = 58.33 (March)
3 MONTHS = 43.75 (April)
2 MONTHS = 29.17 (May)
1 MONTH = 14.58 (June)

SERVICE & WHOLESALE

ANNUAL FEE - \$100.00

12 MONTHS = \$100.00 (July)
11 MONTHS = 91.67 (August)
10 MONTHS = 83.33 (September)
9 MONTHS = 75.00 (October)
8 MONTHS = 66.67 (November)
7 MONTHS = 58.33 (December)
6 MONTHS = 50.00 (January)
5 MONTHS = 41.67 (February)
4 MONTHS = 33.33 (March)
3 MONTHS = 25.00 (April)
2 MONTHS = 16.67 (May)
1 MONTH = 8.33 (June)

CONTRACTORS

ANNUAL FEE - \$200.00

12 MONTHS = \$200.00 (July)
11 MONTHS = 183.33 (August)
10 MONTHS = 166.67 (September)
9 MONTHS = 150.00 (October)
8 MONTHS = 133.33 (November)
7 MONTHS = 116.67 (December)
6 MONTHS = 100.00 (January)
5 MONTHS = 83.33 (February)
4 MONTHS = 66.67 (March)
3 MONTHS = 50.00 (April)
2 MONTHS = 33.33 (May)
1 MONTH = 16.67 (June)