



## Business License Checklist

### Finance Department – Business Licensing

401 California Ave., Boulder City, NV 89005

Phone 702-293-9219

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

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

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To start a business, you will need to submit the following items with your completed application.

- \*Nevada State Business License** - Apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov)
- Workers Compensation Insurance or eAffirmation** - Apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov) or complete form D25 in this packet.  
(If the business is located in Boulder City this is required.)
- Nevada Sales Tax permit or eClearance** Apply online at <https://tax.nv.gov>
- COPY of Fictitious Firm Name certificate, if applicable** - Information or to apply visit: [www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFirmNames.aspx](http://www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFirmNames.aspx)
- COPY of Any other required State license** - Information for all regulated licensing types can be found at: [nv.gov/agency/department](http://nv.gov/agency/department)  
Common examples: Contractors license, Pest Control, Bail Bond, Massage, Cosmetology, Engineering Firms, Real Estate.
- COPY of Health Permit, if applicable** - Information to apply at <http://www.southernnevadahealthdistrict.org>
- COPY of Any required Federal license.**
- COPY of applicant's driver's license or government issued ID**
- Boulder City Address - COPY of Letter or lease agreement signed by the owner of the property or property manager.**  
**NON Boulder City Address - COPY of Business License from primary jurisdiction/issuing city or county.**

**\* Print out your SilverFlume Common Business Registration and bring it back with your application.**

(From your dashboard, click on your NV Business ID. In the Common Business Registration section, click on "View Document".)

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Boulder City Businesses using a residential address must obtain a **Home Occupation Permit**.

Contact Business Licensing for further information, 702-293-9249. Application can be found at - <https://www.bcnv.org/155/Business-Licensing>

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**Incomplete applications will not be accepted.**

License fees will be collected after the license has been approved.

Applications pending longer than 90 days without any action will be canceled.

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**Non-Profit businesses:** Provide a copy of your letter from the IRS acknowledging non-profit status as a 501 (c) (3)

*Nonprofit permits may be issued to any person or organization operating without private profit primarily to further eleemosynary, public, charitable, educational, literary, fraternal or religious purpose. Should the license officer determine that the applicant does not have a principal purpose which is primarily charitable, nonprofit, fraternal or eleemosynary, the nonprofit permit shall not be granted, and the regular business license fee shall be applicable as set forth in this chapter.*

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**BOULDER CITY BUSINESS ADDRESSES ONLY**

After submitting your application, you will be contacted by the following departments to schedule inspections: Please allow up to 3 business days to be contacted.

**Fire Department - 702-293-9228** (an inspection fee may apply)

**Building Division- 702-293-9282** (\$60 inspection will be applied - Inspections are not conducted for residential addresses.)

All signs must be approved by Community Development.

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

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

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**City of Boulder City**  
**Business License Application**  
 401 California Ave., Boulder City, NV 89005  
 Phone 702-293-9219  
[www.bcnv.org](http://www.bcnv.org)  
[licensing@bcnv.org](mailto:licensing@bcnv.org)

OFFICE USE
Date received:
Staff review:
Comments:
Assigned Acct ID:

**BUSINESS INFORMATION**

BUSINESS NAME:	ENTITY TYPE: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
DBA:	BUSINESS PHONE: <span style="float: right;">EMAIL:</span>
BUSINESS LOCATION:	CITY: <span style="float: right;">STATE: <span style="float: right;">ZIP:</span></span>
BUSINESS MAILING ADDRESS:	CITY: <span style="float: right;">STATE: <span style="float: right;">ZIP:</span></span>
DATE YOU STARTED BUSINESS IN BOULDER CITY (or anticipated date):	

CHECK ALL THAT APPLY:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Consulting	<input type="checkbox"/> Food	<input type="checkbox"/> Loans	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Tours
<input type="checkbox"/> Auto	<input type="checkbox"/> Contractor	<input type="checkbox"/> Health Care	<input type="checkbox"/> Massage	<input type="checkbox"/> Retail	<input type="checkbox"/> Transportation
<input type="checkbox"/> Broker	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Home office	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> Used Goods
<input type="checkbox"/> Check cashing	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Instructional	<input type="checkbox"/> Pawn	<input type="checkbox"/> Soliciting	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Coin Operated machines	<input type="checkbox"/> Finance	<input type="checkbox"/> Leasing	<input type="checkbox"/> Professional	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Other

**BUSINESS DESCRIPTION:** Provide a concise description of the business activities to be conducted. Be certain that all phases of the business to be transacted are described. Any misrepresentation may be sufficient cause for denial or revocation of license.

**BUSINESS OWNER(S)** *attach a separate sheet if necessary*

NAME:	TITLE:	PERCENT OWNED:
HOME ADDRESS:	CITY:	STATE: <span style="float: right;">ZIP:</span>
PHONE:	EMAIL:	
NAME:	TITLE:	PERCENT OWNED:
HOME ADDRESS:	CITY:	STATE: <span style="float: right;">ZIP:</span>
PHONE:	EMAIL:	
NAME:	TITLE:	PERCENT OWNED:
HOME ADDRESS:	CITY:	STATE: <span style="float: right;">ZIP:</span>
PHONE:	EMAIL:	

**IF YOUR BUSINESS IS LOCATED IN BOULDER CITY, PLEASE COMPLETE ITEMS 1-9 BELOW.**

1. Frontage of premises in feet: <input type="checkbox"/> 14 or less <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36-49 <input type="checkbox"/> 50-75 <input type="checkbox"/> 76-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> 500 plus	2. Number of rental units:	3. Hours operated per week: <input type="checkbox"/> 54 or less <input type="checkbox"/> 55-90 <input type="checkbox"/> 91-125 <input type="checkbox"/> 126 or more
4. Number of tables & seating:	5. Number of cars being stored outside:	6. Number of Part-Time employees:
		7. Number of Full-Time employees: (include owners & each part-time employee working more than 4 hours/day)

**PROPERTY INFORMATION**

8. PARCEL NUMBER:	9. PROPERTY OWNER(S) NAME:
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<b>APPLICANT INFORMATION</b> (must be owner or authorized agent)			
APPLICANT'S NAME:			
MAILING ADDRESS:	CITY:	STATE:	ZIP:
EMAIL:	PHONE:		

**CERTIFICATION**

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. 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.

<b>Signature of Applicant:</b>	<b>Date:</b>
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**OFFICE USE**

<b>CLASS:</b>				
<input type="checkbox"/> <b>A 1000</b> Every business shall be designated class A, and one thousand (1,000) points shall be attributable thereto, except the following: <input type="checkbox"/> <b>B 1500</b> 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, or any medical profession which requires a state license <input type="checkbox"/> <b>C 2000</b> 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				
<b>SPECIAL CHARACTERISTICS:</b>		<input type="checkbox"/> <b>c 10,000</b> Bank, bus line or railroad. <input type="checkbox"/> <b>d 2000</b> Pawnshop, secondhand store, tavern or package liquor store <input type="checkbox"/> <b>e 1000</b> Cocktail lounge, alcoholic liquor service bar or package limited liquor store, or department store. <input type="checkbox"/> <b>f 50</b> Per vending or video game machine, excluding weighing and stamp machines.		
<input type="checkbox"/> <b>a 100,000</b> Fortune teller, astrologer, clairvoyant, medium, palmist, phrenologist or similar profession, and adult-oriented theater, adult-oriented book store and businesses of a similar nature. <input type="checkbox"/> <b>b 50,000</b> Junk dealer, junk yard, auto salvage yard, refuse collection, recycling or similar business.				
<b>FRONTAGE FEET:</b>		<b>EMPLOYEES (FULL TIME) = 200 per</b>		
<input type="checkbox"/> <14=100 <input type="checkbox"/> 15-24=250 <input type="checkbox"/> 25-35=400 <input type="checkbox"/> 36-49=1000 <input type="checkbox"/> 50-75=1500 <input type="checkbox"/> 76-100=2500 <input type="checkbox"/> 101-500=3500 <input type="checkbox"/> >500=3500 plus 40 per foot over 500		<b>EMPLOYEES (PART TIME) = 50 per</b>		
<b>HOURS OPERATED:</b> <input type="checkbox"/> 54 or less=400 <input type="checkbox"/> 55-90=600 <input type="checkbox"/> 91-125=800 <input type="checkbox"/> 126 and over=1000				
<b>RENTAL UNITS:</b> =50 per				
<b>TOTAL POINTS</b> _____ (min. 2666.5 pts)			<b>TOTAL POINTS X .03 = ANNUAL FEE:</b>	
<input type="checkbox"/> Application signed	<input type="checkbox"/> Department of Taxation	<input type="checkbox"/> Health Permit	<input type="checkbox"/> Lease (Boulder City only)	<input type="checkbox"/> Fictitious Firm Name
<input type="checkbox"/> NV State Business License	<input type="checkbox"/> Worker's Compensation Ins.	<input type="checkbox"/> Federal or State License (Contractors, Realtors, Pest, Bail, etc.)	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Proof of Non-Profit

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

Business Name (Include any name doing business as)	Type of Business	Business Telephone Number	
Business Address	City	State	Zip Code
Federal Identification No.	Social Security No.	Contractor's Board License No.	
Name of Principal Owner (Please Print)	Principal Owner's Telephone No.		
Principal Owner's Address	City	State	Zip Code

Identified as: (Complete one section only)

That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage \_\_\_\_\_ Account Number \_\_\_\_\_

That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business, which has **no employees nor hires any independent contractor or subcontractor.**

That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date \_\_\_\_\_ Certificate Number \_\_\_\_\_

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n):      ( ) Individual      ( ) Sole Proprietor      ( ) Partnership      ( ) Corporation      ( ) LLC

Name of Applicant (Please Print) \_\_\_\_\_ Applicant's Telephone No. \_\_\_\_\_

Applicant's Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

Signature of Applicant (To be signed in the presence of the business license office employee) \_\_\_\_\_ Applicant's Title \_\_\_\_\_

Witness Signature - (Business License Office Employee) \_\_\_\_\_ Name of City or County \_\_\_\_\_

**If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.**

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

NOTARY PUBLIC

## **INSTRUCTIONS**

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

**IMPORTANT NOTICE:** Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

## RESOURCES:

### State Agencies

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Nevada State Contractor's Board  
Web address: [www.nvcontractorsboard.com](http://www.nvcontractorsboard.com)  
2310 Corporate Circle Ste 200  
Henderson NV 89074

Nevada Department of Motor Vehicles  
Web address: [www.dmvnv.com](http://www.dmvnv.com)  
1399 American Pacific  
Henderson NV 89074

Nevada Department of Taxation  
Web address: [www.tax.state.nv](http://www.tax.state.nv)  
2550 Paseo Verde Pkwy Ste 180  
Henderson NV 89074

State of Nevada – Department of Business & Industry  
Division of Industrial Relations – Workers' Compensation Section  
Web address: [www.dir.nv.gov](http://www.dir.nv.gov)  
1301 N. Green Valley Pkwy Ste 200  
Henderson NV 89074

### County Agencies

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

Clark County Clerk  
Fictitious Firm Names  
Web address: [www.clarkcountynv.gov](http://www.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. (*Thursdays only*)  
Henderson NV 89015  
702-455-1055

It is required by Nevada Revised Statutes ([NRS 602.010](#)) that every person doing business in the state of Nevada under an assumed or fictitious name that is different from the legal name of each person who owns an interest in the business must file with the County Clerk of each county in which the business is being conducted a certificate containing the information required by the above Nevada Revised Statute. **The filing of a fictitious firm name does not give exclusive rights to the use of that name.** An FFN filing is also required by the Business License office before issuing a business license under a fictitious name. A person doing business in this state without complying with the requirements of this chapter or having falsely filed a certificate of termination is guilty of a misdemeanor (NRS 602.090). Each individual business name must have a separate filing.

### Business License offices in Southern Nevada

City of Henderson 240 Water St. Henderson, NV 89015 702-267-1730 <a href="http://www.cityofhenderson.com">www.cityofhenderson.com</a>	City of Las Vegas 333 N. Rancho Dr. Las Vegas, NV 89101 702-229-6281 <a href="http://www.lasvegasnevada.gov">www.lasvegasnevada.gov</a>	City of North Las Vegas 2250 Las Vegas Blvd. N. North Las Vegas, NV 89030 702-633-1520 <a href="http://www.cityofnorthlasvegas.com">www.cityofnorthlasvegas.com</a>	Clark County 500 S. Grand Central Pkwy. Las Vegas, NV 89155 702-455-4252 <a href="http://www.clarkcountynv.gov">www.clarkcountynv.gov</a>
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Boulder City Fire Department  
1101 Elm Street  
Boulder City, NV 89005  
O. 702-293-9228, / [fire@bcnv.org](mailto:fire@bcnv.org)

## 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:

- If required by code, identify exit doors, and clearly mark with Exit Signs that are "Illuminated"
- If required by code and no electrical source is available, you may use a Self-Luminous UL Approved Tritium Exit Sign (they are warranty for 10 to 20 years). (Exitsigns.com, Grainger.com, etc.)
- Ensure flammable liquids are not being stored near exit ways.
- Ensure exit ways remain clear of clutter.
- The term "Must Remain Unlocked During Business Hours" must be permanently affixed on the egress side of the door jam on all exit doors. Said lettering must be one inch high on a contrasting background.
- If required by code, provide exit signs to indicate direction of egress.

#### Storage:

- 18" clearance for heat-producing appliances.
- Combustible materials storage must be orderly.
- Remove storage from exit ways, aisles, and corridors.
- Remove storage from mechanical room and maintain clearance of 18 inches from electrical panels.
- Ensure proper ceiling clearance. 24 inches for non-sprinkled and 18 inches for sprinkled buildings must be maintained.

#### 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; more 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:

- In accordance with the International Fire Code, Fire Sprinkler, Fire Alarm, and Monitoring systems must be maintained, tested, and tagged by State Fire Marshal approved company. Current inspection tag must be present.

#### Fire Suppression Systems:

- In accordance with the International Fire Code, Fire Sprinkler, Fire Alarm, and Monitoring systems must be maintained, tested, and tagged by State Fire Marshal approved company. Provide sprinkler maintenance agreement. Current inspection tag must be present.
- If necessary, repair defective, damaged, corroded, or painted heads immediately.

#### Knox-Box:

- All structures containing a Fire Suppression or Fire Alarm system must be equipped with a Knox-Box Rapid Entry System.
  - If needed, a Knox Box order form can be obtained from the Fire Department.

#### Fire Extinguishers:

- All required fire extinguishers must be serviced and tagged annually.
- Fire extinguishers placement must not exceed 5 feet from the floor to the handle.
- Signage is required for extinguishers that are not visible.
- Fire extinguishers not housed in cabinets must be installed on hangers or brackets.

#### Approved Fire Extinguishers:

- The required five-pound fire extinguisher can be purchased 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 a licensed fire extinguisher company and tagged with a current State of Nevada approved date tag. Code requires that the inspection tag list the date of the last inspection and the date of the next inspection. Maintenance of all fire extinguishers is required on an annual basis.

#### Electrical:

- All electrical outlets must be equipped with a cover plate.
- Ensure extension cords are being utilized properly (not used as permanent wiring).
- Power surge protectors are allowed.

#### Commercial Cooking:

- Fire suppression hood systems must have been serviced and tagged in the last six months.
- Grease filters must be clean.
- A Class K fire extinguisher must be located within 30 feet of cooking area.
- Fire suppression hood systems must remain operative at all times.

#### Gases:

- Compressed gas cylinders must be properly identified.
- Compressed gas cylinders must be properly secured.
- Proper protection for gas meters must be provided.
- Indicate individual unit numbers on meter banks.

#### **Note:**

- Inspections are done Monday thru Thursday, 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 approx. 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.