



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

**Nevada State  
 Business License  
 "Other"  
 Registration**

Application  
 Renewal

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PRINT LEGIBLY OR TYPE ALL INFORMATION

Completing this form **DOES NOT** relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

\* Asterisks indicate **required** information. Incomplete forms will be rejected.

**INSTRUCTIONS:**

1. This application is for the use of a business that is not a sole proprietor or partnership or that is not required to organize pursuant to Title 7 of NRS.
2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 **DO NOT** use this form. Please submit a State Business License Exemption form.
3. Return the completed application with the \$200.00 business license fee. **Refunds are not available on improperly filed applications.**
4. Return the completed form to the Secretary of State by fax to (775) 684-5725; by email to [newfilings@sos.nv.gov](mailto:newfilings@sos.nv.gov); or, by mail to 202 North Carson Street, Carson City, Nevada 89701-4201.
5. If paying by check, make your check payable to the Secretary of State. If paying by credit card, you must complete and attach an ePayment Checklist available at [www.nvsos.gov](http://www.nvsos.gov) in the Forms Library under the Resources section of the Business Center.
6. The person applying for the State Business License must sign the application. **FORM WILL BE RETURNED IF UNSIGNED.**

<b>1*</b>	Signature must be that of a responsible party. <b>I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</b> <b>I understand that if I close or cease to do business for which this license is issued, that I must cancel this license on or before its expiration date. Failure to do so will result in late fees or penalties which cannot be waived. There is no fee for cancellation.</b>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle (Optional)	Last Name	Suffix	Title
	<b>X</b> <input type="text"/>		<input type="text"/>		
	Signature of Responsible Party		Date		
<b>2*</b>	Entity Name <input style="width: 90%;" type="text"/>				
<b>3*</b>	NV Business ID # <input style="width: 20%;" type="text"/> (Required if Renewing - Number on State Business License)				
<b>4</b>	You may add up to four businesses associated with this "other" entity. Entries into this section <i>do not</i> relieve you of other business license or DBA filings required by local/county offices.				
	Business Name(s)	1. <input style="width: 30%;" type="text"/>	2. <input style="width: 30%;" type="text"/>		
		3. <input style="width: 30%;" type="text"/>	4. <input style="width: 30%;" type="text"/>		
<b>5*</b>	Physical Address				
	<input style="width: 40%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
	Physical Street Address	City	State	Zip Code	
<b>6</b>	Mailing Address (if different)				
	<input style="width: 40%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
	PO Box or Street Address	City	State	Zip Code	
<b>7</b>	Entity Phone ( <input style="width: 5%;" type="text"/> ) <input style="width: 30%;" type="text"/>				
<b>8</b>	Email Address <input style="width: 80%;" type="text"/>				
<b>9</b>	Taxpayer Identification # (Dept of Taxation Issued TID) <input style="width: 20%;" type="text"/> ( <b>Do Not</b> provide Social Security Number)				