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

Nevada State Business License Partnership Renewal

Online renewal is also available at www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT **PRINT LEGIBLY OR TYPE ALL INFORMATION** **ABOVE SPACE IS FOR OFFICE USE ONLY**

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 renewal form is for the use of partnerships with a State Business License on file with the Secretary of State.
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 form with the $200.00 business license fee. $100 penalty will be added for failure to file form by license expiration date. **Refunds are not available on improperly filed renewals.**
4. **File online at www.nvsos.gov** or return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
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 in the Forms Library under the Resources section of the Business Center.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which the State Business License expires. (Postmark date is not accepted as a receipt date.) Forms received after due date will be returned for additional fees and penalties.
7. A partner of the partnership renewing the State Business License must sign the application. ***FORM WILL BE RETURNED IF UNSIGNED.***

1* Signature must be that of a partner of the partnership.

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.

First Name | Middle (Optional) | Last Name | Suffix | Title

X _____ Signature of Partner Date

2* NV Business ID # _____ (Required - Number on State Business License)

3* Enter partnership name as listed on state business license.

Partnership Name _____

4 You may add up to four businesses associated with this partnership. Entries into this section *do not* relieve you of other business license or DBA filings required by local/county offices.

Business Name(s) 1. _____ 2. _____ 3. _____ 4. _____

5* Physical Address _____ Physical Street Address | City | State | Zip Code

6 Mailing Address (if different) _____ PO Box or Street Address | City | State | Zip Code

7 Entity Phone **(** ____ **)** _____

8 Email Address _____ ☐ Check here to receive notices electronically

This form must be accompanied by appropriate fees. See instructions.

Reset