

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

Online application is also available at www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Nevada State Business License Partnership Application

PRINT LEGIBLY OR TYPE ALL INFORMATION

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form <u>DOES NOT</u> 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 partnerships doing business in Nevada.
- 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. 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. A partner of the partnership applying for 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				
	_v	Г		7					
	Signature of Partner	L	ate						
2*									
	Partnership Name								
3	You may add up to four businesses associated with this partnership. Entries into this section <u>do not</u> relieve you of other business license or DBA filings required by local/county offices.								
	Business 1. 2.								
	Name(s) 3. 4.								
4*	Physical Address								
	Physical Street	Address		City	State Zip Code				
5	Mailing Address								
	(if different) PO Box or Stree	et Address		City	State Zip Code				
6	Entity Phone ()								
7	Email Address			Check here to receive n	otices electronically				
8	Taxpayer Identification # (Dept of	Taxation Issued TID)		(Do Not provide Socia	al Security Number)				



Authorized Signature

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ePayment Checklist (For Counter, Fax and Mail Requests)

					USE BLACK	INK ONLY - DO NOT HIGHLIGHT		
Service Type:	Counter	Mail	Fax					
Order Processing Requested: (Expedite Processing Requires Additional Fees)								
Regular Processing	OUR Expedite	R Expedite 2-HOUR Expedite		dite	1-HOUR Expedite			
Payment by Card	(card holder i	name and bil	ling address	required be	elow)			
Card Type: VISA		MasterCard		Discover	Ar	nerican Express		
Customer Credit Card Nu	umber:					V CODE*		
	t number found on the				nd Discover care	ds		
NOTICE: For security and (VCode) number located o request.	d verification pur	poses, all cred	dit card paym	ents must inc				
Credit Card Expiration Dat	te: Month		Yea	r				
			Am	ount to Ch	arge Card	: USD \$		
Order Information	ı (required)							
Entity Name/Order R	deference:							
Card Holder Informa	tion:							
Name as it Appear	nt							
	Billing Addres	ss						
	City, State, Zi	ip						
	Telephon	ie						
Payment Authoriz I authorize the Secretary of account(s):		amount not to	exceed the	following to b	e charged to	the above listed		
X			Nc	t to Excee	d Amount	·· USD \$		