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Secretary of State
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Exemption to the Nevada State Business License

Sole Proprietor, General Partnership, "Other" Non-Title 7 License

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

Changes:

1. Type of exemption filing:

Check the action being taken with this filing:

☐ Application ☐ Renewal ☐ Amendment ☐ Cancellation

(If amending an exemption, please mark the appropriate section below to be changed.)

Sole Proprietor: ☐ 003 ☐ 004 ☐ 006

General Partnership: ☐ 003 ☐ 006

"Other" Non-Title 7: ☐ 001 ☐ 002 ☐ 006

Exemption 006 requires the Nevada Division of Insurance License number:

2. Name of Applicant, Member, Owner or Partner: (The name of the person(s) claiming the exemption.)

First Name | Middle Initial | Last Name | Suffix

Additional Partner or Spouse (if spouse is to be listed on license - sole proprietor only)

First Name | Middle Initial | Last Name | Suffix

I declare the information contained in the form is true, correct and complete to the best of the person's 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 with the Office of the Secretary of State. And the statutory requirements for an exemption from the requirement to obtain a state business license pursuant to NRS 76.020 have been met.

X _____ Signature of Applicant, Member, Owner or Partner | Date | Title

X _____ Signature of Partner or Spouse | Date | Title

3. Nevada Business ID number: (Required if renewing, amending or canceling)

Nevada Business Identification Number (NVID) located on the State Business License:

4. Transacting business name(s): (Required for Partnership and "Other" licenses. Sole proprietor optional)

Name under which applicant transacts or intends to transact business:

5. Business Address: (The physical street address and, if different, the mailing address where the person will be conducting business in this State)

Physical Street Address (required) | City | State | Zip Code

Country:

Mailing Address (only if different from above) | City | State | Zip Code

Country:

6. Additional contact information:

Email address: (required) | Phone number: