**Business License Application Steps**

Please follow the steps below to complete the business license application process

1. Complete the 'Humboldt County and/or City of Winnemucca Business License Application' form. Refer to the 'Business License Application Guide' for help with common questions regarding application requirements sections and requirements.

2. Complete the 'Approval Sign Off Sheet' by visiting the offices in the order listed below. Visit each office unless it is marked "if applicable" or "City applicants only." Each required approval must be obtained before your business license can be issued.
   - ☐ Planning/Zoning Office - (775)623-6392 | 25 W Fourth St
   - ☐ Assessor's Office - (775)623-6310 | 50 W 5th St
   - ☐ Building/Safety County Office (***County applicants only***) - (775)623-6322 | 25 W Fourth St
   - ☐ Building/Safety City (***City applicants only***) - (775)623-6319 | 90 W 4th St
   - ☐ Fire Protection City (***City applicants only***) - (775)623-6319 | 90 E 4th St
   - ☐ Health Department (if applicable) - (775)432-4237 | 102 E Haskell St
   - ☐ WMCA Convention & Visitor's Authority (if applicable) - (775)623-5071 | 50 W Winnemucca BLVD Ste 1
   - ☐ City of Winnemucca Clerk's Office (***City applicants only***) - (775)623-6331 | 90 W 4th St

3. Submit Your Completed Application

   **Humboldt County Business License**: If you will conduct business anywhere within Humboldt County, excluding the city limits of Winnemucca, please submit your completed Business License Application Packet, including all required applicable signatures and approvals, to the Humboldt County Planning and Zoning Office. Applications may be delivered in person, by mail, or emailed to business.license@humboldtcountynv.gov. You MUST provide a copy of your:
   - ☐ Nevada State Business License
   - ☐ Nevada Sales/Use Tax documentation or documentation of exemption
   - ☐ Federal Employer Identification Number (FEIN)
   - ☐ Nevada Contractor's License Number (if applicable)

   **City of Winnemucca Business License**: If you will conduct business within the Winnemucca city limits, submit your completed application packet, including all required signatures and approvals, to the City of Winnemucca Clerk's Office, in person or by mail. You MUST provide a copy of your:
   - ☐ Nevada State Business License
   - ☐ Nevada Sales/Use Tax documentation or documentation of exemption
   - ☐ Federal Employer Identification Number (FEIN)
   - ☐ Nevada Contractor's License Number (if applicable)

# Business License Application Guide

*Refer to this guide for help with common questions regarding application requirements*

**Humboldt County Business License** – A Humboldt County Business License is required to conduct business anywhere in Humboldt County, excluding the City of Winnemucca city limits. This license is issued by Humboldt County.

**City of Winnemucca Business License** – A City of Winnemucca Business License is required only if you will conduct business within Winnemucca city limits.

**DBA (Doing Business As)** – Complete using the "Humboldt County Office of the Humboldt County Clerk, Tami Rae Spero" form. For details call (775)623-6343 or visit 50 W Fifth Street.

**Type of Business** – Briefly describe the services you provide, or other business activities you will conduct. DO NOT LEAVE BLANK

**Mailing Address** – Provide the address where you want to receive annual renewal forms and other business license mail. If this is different from your business address, make sure the correct mailing address is listed.

**Phone Number(s)** – Provide a current phone number where you can be reached regarding your business license. If your business phone is not the best number for contacting you, provide an additional contact number.

**Estimated Annual Gross Receipts within the City of Winnemucca** – Enter the total amount you expect your business to earn each year from work done within the Winnemucca city limits. (Salons, Gaming, Hotels, and Trucking – **See Form**)

**Nevada Sales/Use Tax Number** – All applicants must provide either a Nevada Sales/Use Tax Number or documentation showing that the business is exempt. Nevada Department of Taxation website: mynvtax.nv.gov

**Nevada Business ID Number** – This is the identification number shown on your Nevada State Business License. Silver Flume website: nvsilverflume.gov

**Federal Identification Number** – This is your Federal Employer Identification Number, also called a FEIN or EIN. This is done on the IRS website: irs.gov/ein

**Planning/Zoning** – REQUIRED for ALL applicants. This approval confirms that your business type and activities are allowed at the location you selected.

**Building/Safety County** – (***For County applicants only***) This approval confirms that the business location complies with all applicable building and safety requirements. It also verifies that all required contractor licenses are current, active, and in good standing.

**Building/Safety City** – (***For City applicants only***) This approval confirms that the business location meets applicable building and safety requirements.

**Fire Protection** – (***For City applicants only***) This approval confirms that the business location meets applicable fire and life-safety requirements.

**Nevada Department of Agriculture** – **Food Safety** – If you prepare, serve, handle, manufacture, distribute, or sell food or beverages. This includes grocery and convenience stores, bars, restaurants, caterers, cottage food operations, temporary or sidewalk food vendors, mobile food units or trailers, and other food-related businesses, you are REQUIRED to contact the NDA Food Safety Program for approval. NDA Phone: (775)432-4237

**Nevada Health Authority** – If you provide lodging or public accommodations; operate a public pool, spa, campground, RV park, mobile home park, or labor camp; or perform tattoos, piercings, permanent makeup, microblading, or other invasive body-decoration services, you are REQUIRED to contact NHA. NHA website: www.nvha.nv.gov

**WMCA Convention & Visitors Authority** – If you operate a hotel, motel, RV park, rooming house, Airbnb, or another type of short-term lodging, you are REQUIRED to get approval and information about lodging tax requirements.

**Assessor** – REQUIRED for ALL applicants. The Assessor's Office determines whether you are required to file a business personal property tax return for equipment, furniture, machinery, or other property used by your business.

**City of Winnemucca Clerk Office** – (***For City applicants only***) After completing all required forms, signatures, and approvals, submit your application packet and required document copies to the City Clerk's Office. You will be contacted with the annual license fee. Once payment has cleared, your license will be emailed to the address provided.

If you have not received your license within that time, check your spam or junk folder before calling the City of Winnemucca at (775)623-6331.

# HUMBOLDT COUNTY AND/OR
# CITY OF WINNEMUCCA BUSINESS LICENSE APPLICATION


**HUMBOLDT COUNTY**
**25 W Fourth Street**
**Phone (775) 623-6392**

**CITY OF WINNEMUCCA**
**90 W. Fourth Street**
**Phone (775) 623-6338 / Fax (775) 623-6090**


*Humboldt County Code, Chapter 5.04 provides that any firm or individual conducting or transacting business in Humboldt County must obtain a county business license. This ordinance applies to businesses situated outside the City of Winnemucca and to businesses headquartered in the City of Winnemucca conducting business outside the city limits of Winnemucca in the county. Applicants for General Home, Liquor and/or Gaming licenses must have the approval of the indicated department PRIOR TO this application being submitted to the Humboldt County Business License Department located at 25 W Fourth Street.*

*The Winnemucca Municipal Code Chapter 5.04.030 provides that any firm or person doing business in the City must obtain a City Business License. This application is made subject to the provisions governing the issuance of business licenses. Please complete the application and return it to the City Clerk's Office located at 90 W Fourth Street.*

Date of Application: _____

Name of Business: _____

DBA: _____

Type of Business: _____

Principal Owner(s): _____

Local Manager: _____

Business Address: _____ Business Phone #: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Address: _____ Home Phone #: _____

City, State, Zip Code: _____

Business Email: _____ Owner Email: _____

Will you have a business location in City or County Limits: ☐ Yes ☐ No

**SUBMIT SUPPORTING DOCUMENTATION FOR THE REQUIRED FIELDS.**

**Estimated Annual Gross Receipts within the City of Winnemucca**: _____ *(This figure is required to compute the license fee.)-**REQUIRED***

**Nevada Sales/Use Tax Number:** _____ **Or documentation of exemption** ***(Dept. of Taxation forms are included in this packet)- REQUIRED NV. DEPT. OF TAXATION (CONTACT THIS OFFICE AT 866-962-3707 FOR A CLEARANCE (Online services at: www.tax.nv.gov)***

**Nevada Business ID Number:** _____ ***(Secretary of State forms are included in the packet)- REQUIRED***

**Federal Identification Number:** _____ ***REQUIRED***

**Nevada Contractor's Number** (If Applicable): _____

Please fill in the following only where applicable:

(For Motels/Hotels) - # of Units/Rooms: _____ (For Gaming) - # of Slots/Amusement: _____

(For Trucking) - # of Vehicles: _____ (For Barber/Salons) - # of Operators: _____

_____ _____ _____

**Signature of Responsible Party** **Title** **Date**

CITY ACCOUNT #: _____ COUNTY ACCOUNT #: _____

Business Name: _____

# APPROVAL SIGN OFF SHEET

**ALL SIGNATURES OF INSPECTING DEPARTMENTS MUST BE OBTAINED BEFORE YOUR LICENSE CAN BE ISSUED**

**REGARDLESS OF HAVING A PHYSICAL LOCATION IN CITY OR COUNTY LIMITS.**

**APPROVAL IS REQUIRED BY THE APPLICABLE DEPARTMENTS BELOW:**

**Planning/Zoning**
(775)623-6392
Approved ☐ Disapproved ☐ By _____ Date _____
Property Zoned ☐ Special Requirements _____

**Assessor**
(775)623-6310
Approved ☐ Disapproved ☐ By _____ Date _____
Special Requirements _____

**Building/Safety COUNTY**
(775)623-6322
Approved ☐ Disapproved ☐ By _____ Date _____
Special Requirements _____

**Building/Safety CITY**
(775)623-6319
Approved ☐ Disapproved ☐ By _____ Date _____
Special Requirements _____

**Fire Protection**
(775)623-6319
Approved ☐ Disapproved ☐ By _____ Date _____
Special Requirements _____

**NV Dept of Agriculture**
(775)432-4237 (if applicable)
Approved ☐ Disapproved ☐ By _____ Date _____
(Food Safety - prepare, serve, handle, manufacture, distribute, or sell food or beverages)

**NV Health Authority**
(775)684-1061 (if applicable)
Approved ☐ Disapproved ☐ By _____ Date _____
(Lodging, public acommodations, invasive body-decoration services)

**WMCA Conv & Visitors Auth**
(775)623-5071 (if applicable)
Approved ☐ Disapproved ☐ By _____ Date _____
(Hotels, Motels, RV Parks, Rooming Houses, Airbnb rentals, etc.)

**City of WMCA Clerks Office**
(775)623-6331
Approved ☐ Disapproved ☐ By _____ Date _____
Special Requirements _____

For Office Use Only:

County: Date: _____ Quarter _____ Account # _____

City: Annual _____ Pro-Rated _____
Code _____ Account # _____

*STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS*
*AFFIRMATION OF COMPLIANCE*
*WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS*
(Pursuant NRS 244.33505 and NRS 268.0955)

| **Business Name (Include any name doing business as)** | | **Type of Business** | **Business Telephone Number** |
|---|---|---|---|
| **Business Address** | **City** | **State** | **Zip Code** |
| **Federal Identification Number** | | **Contractor's Board License Number** | |
| **Name of Principal Owner (Please Print)** | | **Principal Owner's Telephone Number** | |
| **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 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

_____ _____
Name of Applicant (Please Print) Applicant's Telephone Number

_____ _____ _____ _____
Applicant's Residence Address City State Zip Code

1. If executed in Nevada: Pursuant to Nevada Revised Statutes (NRS) 53.045, I declare under penalty of perjury that the foregoing is true and correct.

   Executed on _____ _____
   (date) (signature)

2. Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the forgoing is true and correct.

   Executed on _____ _____
   (date) (signature)

Form instruction and general information:

1. The top section will be completed with information about the business and ownership.
2. The middle section consists of three boxes. Only one box must be checked. Check the first box, if the business has obtained workers' compensation insurance. Please provide the insurance policy effective date and policy number where indicated. Check the second box, if the business meets one of the statutory exemptions or the business has no employees nor hires any contractors/sub-contractors. Check the third box, if the business is self-insured with a valid certificate of insurance. Please provide the self-insured policy effective date and certificate number where indicated.
3. The next to bottom section please check the appropriate box indicating the license application type. Provide applicant information as indicated.
4. The bottom section contains two signature lines. Only one applicant signature and date will be provided. If the form is executed in Nevada, applicant will sign and date the first line. If the form is executed outside of Nevada, applicant will sign and date the second line.

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.

# Building and Safety Approval

All City applicants must contact the City of Winnemucca Building Inspector and obtain Building and Safety approval before a city business license can be issued. The Building Inspector will determine whether an inspection, additional documentation, plans, permits, or corrections are required.

If an inspection is required, the premises must comply with all applicable building and safety requirements before approval is granted. The following information describes common requirements but is not an all-inclusive list.

**Building Address** – The building address must be clearly posted and visible from the street or access road. Contact the Building Inspector if the address is missing, difficult to see, or may not meet applicable requirements. If the address is not currently posted on the building it must be posted so that it is legible from the street (8" high minimum when posted up to 250' from the street. 12" high minimum, when posted over 250' from the street).

**Portable Fire Extinguishers** – Required extinguishers must be properly mounted in visible, readily accessible locations and have current inspection or service documentation. The required number, type, rating, and placement depend on the building an business activities. Contact the Building Inspector before purchasing or installing extinguishers if you are unsure of the requirements. If the extinguishers have not been inspected and/or serviced by a licensed qualified service company in the last year, have them serviced and mounted before scheduling an inspection.

**Automatic Fire-Protection Systems** – Required fire-protection systems must be operational, properly maintained, and inspected or tested at the applicable intervals. Current service documentation must be available, and any deficiencies must be corrected by a qualified professional before approval.

**Commercial Kitchen Hood and Fire-Suppression Systems** – Kitchen hood fire suppression systems are to be tested every 6 months. Commercial cooking equipment may require approved exhaust and fire-protection systems. Required systems must have current service documentation and must not be installed, altered, relocated, or disconnected without first contacting the Building Inspector.

**Exit Doors and Exit Routes** – Required exits and exit routes must remain clear and unobstructed. Exit doors must open from the inside without a key, tool, or special effort, and locks or other hardware must not prevent safe exit; except key-locking hardware may be used on the main exit where there is a readily visible sign adjacent to the door statin, "THIS DOOR MUST REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. Letters shall not be less than 1" high on contrasting background. Contact the building Inspector before installing or modifying exit-door hardware.

**Illuminated Exit Signs and Emergency Lighting** – Required exit signs and emergency lighting, including those along shared exit routes must be visible and operational. Testing existing units before the inspection and repairing any that do not illuminate or operate on backup power.

**Smoke Alarms, Fire Alarms, and Detection Equipment** – Existing alarm and detection equipment must be operational and properly maintained. The Building Inspector will determine whether additional equipment or fire-protection requirements apply.

**Electrical Safety** – Electrical wiring, outlets, switches, panels, fixtures, and related equipment must be safe and properly covered. Correct damage or exposed wiring, open junction boxes, missing covers, and unused panel openings, and test GFCI receptables. Extension cords must not replace permanent wiring. Contact the Building Inspector before beginning electrical work, as permits and a licensed contractor may be required.

**Plumbing and Restroom Facilities** – Plumbing and restroom fixtures must be maintained in a safe and sanitary condition, with leaks, open connections, and damaged fixtures corrected. Required restroom and handwashing

facilities depend on the building and its use. Contact the Building Inspector before adding, removing, relocating, or altering plumbing, as plans, permits, inspections, or a licensed contractor may be required.

**Mechanical Systems and Ventilation** – Heating, cooling, ventilation, and exhaust systems must be safe and operational. Contact the building Inspector before installing, relocating, modifying, or disconnecting mechanical equipment, as plans, permits, inspections, or a licensed contraction may be required.

**Accessibility** – Businesses must comply with applicable accessibility requirements for parking, entrances, routes, doors, service areas, restrooms, and other building features. Accessible routes and clear spaces must remain unobstructed. Contact the Building Inspector before installing or altering accessibility features, as specific placement and construction requirements may apply.

**Exterior and Electrical Signs** – Contact the City's Planning/Zoning and Building Departments before purchasing, installing, replacing, relocating, altering, or electrically connecting a sign. Depending on the sign, zoning approval, plans, permits, inspections, or a licensed contractor may be required, with the following exceptions:

- No permit is required for non-illuminated flat signs which are no more than 1" thick, and which do not exceed 32 sq ft in size when installed flush mount on a building wall. This section does not exempt the installer/owner from compliance with the provisions of the city building codes or other laws regulating the placement or location of the sign.
- No permit is required for a non-illuminated, non-electric sign less than 6' above grade, measured to the top of the structure.
- No permit is required for projecting signs not exceeding 2.5 sq ft.

**Fuel-Dispensing and Other Hazardous Operations** – Businesses involving fuel, compressed gases, hazardous materials, industrial processes, or other special hazards may have additional safety and permit requirements. The Building Inspector or Fire Official will determine which requirements apply. A fire extinguisher with a minimum rating of 2-A; 20-B:C must be located not more than 75' from pumps, dispensers, or storage tank fill pipe openings. Contact the State of Nevada Fire Marshall's Office to obtain an operation permit at (775)684-7510.

**Backflow Prevention** – Required backflow prevention assemblies must be properly installed, maintained, and tested by a qualified or certified tester. Current testing records must be available when requested. Contact the appropriate water authority or Building Inspector if you are unsure of the requirements.

**Construction, Remodeling, and Changes to the Building** – Contact the Building Department before making structural, electrical, plumbing, mechanical, or other alterations. Plans, permits, inspections, or other approvals may be required, even for work that appears minor. Do not begin work until the Building Department has confirmed the applicable requirements.

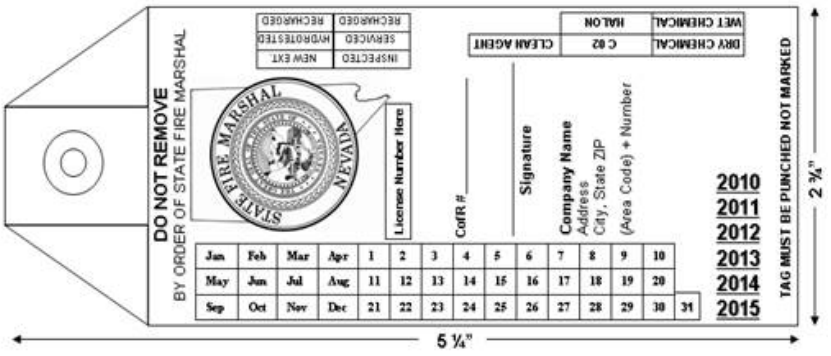
**Nevada Contractor Licensing** – Work requiring a Nevada contractor's license must be performed by a properly licensed contractor unless a legal exemption applies. A City business license does not replace a contractor's license or any required permits, inspections, or approvals. Unlicensed construction activity may be reported to the Nevada State Contractors Board.

**Final Building and Safety Approval** – Additional requirements are corrections may be identified during the review or inspection. All required corrections, permits, documentation, and inspections must be completed before the Building Inspector can approve the business license application. Contact the Building Inspector if you are unsure of any requirements.

NAC 477.425 Service tags and labels; notice and tag of impairment; notice and tag of deficiency; correction of deficiency. (NRS 477.030, 477.085)

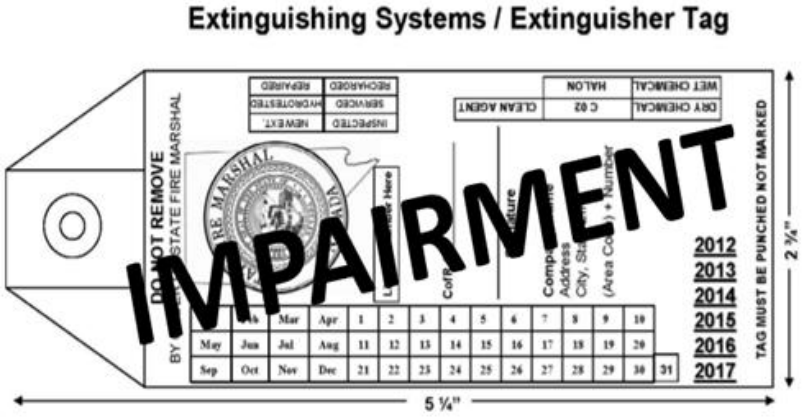
1. The tags used as records of service performed on portable fire extinguishers or fixed fire extinguishing systems must be at least 4 inches long and 2 inches wide and must be in the following form:

**Extinguishing Systems / Extinguisher Tag**

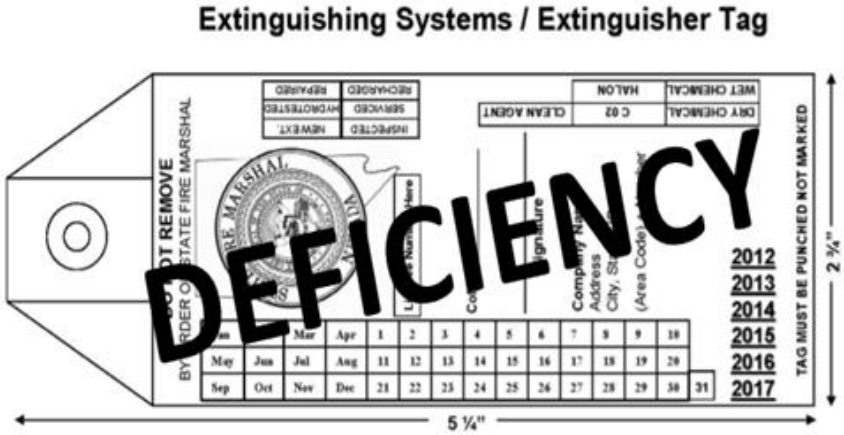



2. The tag must be punched to indicate the type of service which was performed on the extinguisher or system and the date on which the service was performed. Each tag must be signed with a legible signature by the holder of a certificate of registration and must be:
    a. Attached to the extinguisher or system by wire, string or a plastic tie; or
    b. A self-adhesive tag approved by the State Fire Marshal which is so attached as to be readily visible for inspection, and such information must remain permanently on the tag. A number stamp or date stamp must not be used on the tag.
3. A label of suitable Mylar or equally durable material must be affixed by a heatless method to each shell of an extinguisher which is not listed by the United States Department of Transportation and which has passed a hydrostatic test. The label must show:
    a. The date on which the hydrostatic test was performed;
    b. The test pressure used; and
    c. The name of the person or agency licensed or certified by the State Fire Marshal which performed the test.
4. Only those labels described in NFPA 10, 2018 edition, and in the regulations of and statues enforced by the State Fire Marshal may be affixed to a portable fire extinguisher.
5. A sample of the tag and the label must be on file with the State Fire Marshal before they are used in the field.
6. The tag must be printed by a printing company and include the following information:
    a. The date when the system was last serviced.
    b. The name, address, and telephone number of the company;
    c. The number of the license issued by the State Fire Marshal; and
    d. The name and certificate number of the person who last serviced the system.

7. If a fixed fire extinguishing system remains impaired and the license does not have the authority to correct the impairment, the word “impairment” must be at least 4 inches long and 2 inches wide and must be in the following form:




8. If a deficiency is discovered in the fixed fire extinguishing system, the licensee shall notify the property owner of the deficiency in writing. The word “deficiency” must be written across the tag in black letters that are bold. Upon receiving a notice of deficiency, the property owner shall correct the deficiency within 30 calendar days of such receipt. If the property owner fails to correct the deficiency within 30 calendar days after receiving the notice of deficiency, the licensee shall submit the notice of deficiency to a fire code official within 2 business days after the 30 calendar days expire. The tag with the word ‘deficiency” must be at least 4 inches long and 2 inches wide and must be in the following form:




[St. Fire Marshal, §§ 2.501-2.503, eff. 11-27-78] – (NAC A 1-19-84; 8-22-86, eff. 9-1-86; R090-10, 12-30-2011; A by St. Bd. Of Fire Services by R124-13, 6-26-2015; A by St. Fire Marshal by R132-18, 2-27-2020; R048-24, 9-16-2024)

The Winnemucca Police Department and Humboldt County Sheriff's Department want to help you protect your business.

Businesses can reduce their vulnerability to crime in many ways. Security measures like updated locks, lighting, and alarms can make any establishment a less attractive target for criminals. Rember that most criminals are opportunists, and the goal of a security survey is to reduce the opportunity. These methods include, but are not limited to:

**LOCK THE BURGLAR OUT**

Use sturdy pin-cylinder deadbolts on exterior doors, as they are more difficult to pick or bypass than locks that automatically latch. Secure rear doors, windows, skylights, and other possible entry points with appropriate locks or security devices. Double-cylinder deadbolts and security bars should only be used where permitted by fire and building codes.

**COUNT THE KEYS**

Keep a record of all keys issued to employees and require their return when employment ends. Avoid using one master key for exterior doors and interior offices, and label keys with a code that does not reveal which locks they open.

**SOUND THE ALARM**

Install a monitored alarm system that quietly alerts a security company or emergency services when triggered. Motion detectors, glass-break sensors, and door or window alarms can provide additional protection. If a monitored system is not available, an audible alarm can still discourage intruders and draw attention to a break-in.

**PUT BURGLARS ON THE SPOTLIGHT**

Keep entrances, windows, vents, and other possible access points well-lit inside and outside. Maintain a clear view into the building by keeping window displays and other objects from blocking visibility from the street.

**MAKE SAFES SAFER**

Bolt Safes securely to the building and place them where suspicious activity can be seen from the street. Limit the amount of cash kept overnight, make regular deposits, and consider equipping the safe with a monitored alarm.

**USE GRATINGS, SPECIAL GLASS**

Protect windows, doors, and display cases with security screens, appropriate gratings, or burglar-resistant laminated glass. These barriers make forced entry more difficult and time-consuming.

**DON'T FORGET THE OBVIOUS**

Security measures are only effective when used properly. Keep doors, windows, and other openings closed and secured, manage keys carefully, and routinely check that locks, alarms, lighting, and other security equipment are working.

| HUMBODLT COUNTY | CITY OF WINNEMUCCA |
|---|---|
| 25 W. FOURTH STREET | 90 W. FOURTH STREET |
| PHONE (775)623-6392 | PHONE (775)623-6338 FAX (775)623-6090 |

**Business Information**

**The following information is needed in case of an emergency. The listed responsible party needs to have a key to the business and be able to reset an alarm system if one exists. The Humboldt County Sheriff's Office Communications Center requests that you update responsible party information WHENEVER THERE IS A CHANGE. You may do this by phone day or night by calling (775)623-6428 or faxing an updated form to (775)623-6390**

Name of Business: _____

Type of Business: _____

Phone # of Business: _____ Alt. Phone #: _____

Physical Address of Business: _____

_____

Responsible Party 1: _____

Phone #: _____ Alt. Phone #: _____

Responsible Party 2: _____

Phone #: _____ Alt. Phone #: _____

Responsible Party 3: _____

Phone #: _____ Alt. Phone #: _____

Additional Information: _____

_____

**(Circle all that apply)**

**Hazardous on Site:** *Hazmat Chemicals* *Explosives* *Firearms*

**Alarm:** *yes* *no* **Surveillance:** *yes* *no*

**Humboldt County Sheriff's Office Communication Center**

**801 East Fairgrounds Rd Winnemucca, NV 89445**

**(775)623-6428 or Fax (775)623-6390**

***ALL information will be kept confidential***

OFFICE OF THE HUMBOLDT COUNTY ASSESSOR
50 W 5th ST
WINNEMUCCA , NV 89445

Humboldt County Assessor's Office

Andy Heiser ◆ Assessor ◆ Assessor@humboldtcountynv.gov
Office: (775) 623-6316 Fax: (775) 623-6311

Print Date: 08/11/2026

**NAICS Code:**

**TO BE COMPLETED BY TAXPAYER**

**Account #: New Dec.**

**Access Code:**

Business Name:

Mail address:

City,State,Zip

Location, if different:

Contact person:

Phone:

E-mail:

## STATEMENT OF BUSINESS EQUIPMENT/ ASSETS/ PERSONAL PROPERTY
## - INSTRUCTIONS -

### IN ACCORDANCE WITH NEVADA REVISED STATUTE 361.265 AND OTHER STATUTES AS NOTED:

- As a business owner you are required to submit a sworn statement of business equipment/assets (also known as personal property) in your possession **as of July 1, ;**
- Your statement must be returned **not later than July 31, ,** except for a statement mailed to the taxpayer after July 15, in which case it must be returned within 15 days after demand for its return is made;
- Upon written petition of the property owner showing good cause, the assessor may grant one or more 30-day extensions;
- If any person after receiving this request by the Assessor's Office. neglects or refuses to give the statement herein provided for, the Assessor must make an estimate of the value of the property of such person and this value fixed by the Assessor may not be reduced by any Board of Equalization in accordance with Nevada Revised Statute 361.360;
- The information you provide is subject to verification in accordance with Nevada Revised Statute 361.263;
- You will receive a new declaration each year as long as the business remains active. You will be asked to enter changes from the previous year, including all acquisitions and disposals of business equipment/assets/personal property.

### WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE INCLUDE:

- All equipment/assets/personal property:
  - Owned, rented, leased, bonowed, gifted, used, or in your possession as of July 1, , regardless of actual owner;
  - That have been fully depreciated out for IRS purposes but are still in your possession;
  - Regardless of age, still in your possession, not previously reported.
- Total acquisition cost includes:
  - Your original purchase price (if you did not purchase the property, your estimate of its value at time of receipt);
  - The cost of any improvements (additions to or renovations of the property) other than routine maintenance/repairs;
  - Transportation costs;
  - Installation and set up costs necessary to make the property operational.

### WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE DO NOT INCLUDE:

- Any equipment/assets/personal property acquired after July 1, ;
- Sales tax;
- Licensed vehicles subject to the Department of Motor Vehicles governmental service tax;
- Inventory held for resale;
- Raw materials held for manufacturing into finished goods;
- Supplies that are consumed during day-to-day operations, that have a useful life of less than one year.

### LEASED/LOANED EQUIPMENT/ASSETS/PERSONAL PROPERTY:

- Please provide documentation (e.g., a copy of your lease agreement) should the lessor be the responsible party; otherwise, the assessor
  will maintain that the lessee is responsible for the personal property taxes;
- Include: capital lease, operating lease, true lease, dollar buyout lease, nominal lease, conditional sale contract, loaned items, etc.
- If you are in the business of leasing/loaning equipment to others:
  - Please provide the physical location address of each asset;
  - If a lease has terminated, indicate if the lessee acquired the property or if the property was returned to the lessor.

**PLEASE CHECK IF APPICABLE:**

☐ **Equipment is declared in another county.** _____

☐ **No equipment is used in the business**. Please explain: _____

☐ **Shared equipment is owned and reported by another business at the same location.**

Their business name: _____ Phone number: _____

☐ **Out of business**. Date business ceased: _____

How was equipment/assets/personal property disposed of: _____

If to another business or person, their name, address, phone: _____

☐ **Business sold.** Date sold: _____

Sold to (name, address,phone): _____

**ACQUISTIONS not previously reported (see list beginning on page 3):**

| Description and Quantity | Year Acquired | Total Acquisition Cost |
|---|---|---|
| | | |
| | | |
| | | |
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**LEASED/LOANED PROPERTY:** Documentation is required to confirm lessor tax liability.
(Include: capital lease, operating lease, true lease, dollar buyout lease, nominal lease, conditional sale contract, loaned items, etc.)

| Lessor/Lessee #1 - Name, mailing address, phone: | | | |
|---|---|---|---|
| **Description and Quantity** | **Asset# or Customer #** | **Year Acquired** | **Installed Cost** |
| | | | |

| Lessor/Lessee #2 - Name, mailing address, phone: | | | |
|---|---|---|---|
| | | | |

| Lessor/Lessee #3 - Name, mailing address, phone: | | | |
|---|---|---|---|
| | | | |

(Use additional sheet(s) if needed.)

Please carefully review the following list of previously reported property and cross out any items that are no longer in your possession.

| Item # | Item Description | Year Acquired | Acquistion Cost |
|---|---|---|---|
| | | | |

**Acquistion Cost Total** _____

**Please check here** ☐ **IF NO ACQUISTIONS, LEASES/LOANS, OR DISPOSALS HAVE OCCURRED SINCE LAST REPORT.**

**SIGNATURE:** Under penalty of perjury, I do hearby declare and affirm that I have examined this entire declaration and any changes made therein and to the best of my knowledge, believe that it is correct and complete (NRS 361.265)

Taxpayer's signature _____ Print taxpayer's name _____ Title _____

Date _____ Phone _____ Fax _____ E-mail address _____

**Please return all pages of this statement to the Assessor's Office and make a copy for your records.**

*NEW DEC*

**LIST OF COMMON BUSINESS EQUIPMENT / ASSETS / PERSONAL PROPERTY**

This sample list is included to assist you in completing your written statement of business equipment/assets/personal property. The list includes, but is not limited to, the following:

**A**ir compressor
Air conditioner, window
Air conditioning/heating
Aircraft repair
Asphalt seal surfacing
ATM
Auto repair/sales/service
Auto wrecking yard

**B**akery
Bank
Bar
Barber/Beauty shop
Batch (concrete) plant
Beverage machine
Billboard
Billiards
Blue print machine
Bowling alley
Broadcasting
Burglar alarm system

**C**able TV
Camera, closed circuit
Car wash
Carpet cleaning
Cash register
Cell phone
Cell site
Cement processing
Ceramics
Chain saw
Chiropractic
Cleaning service
Closed circuit TV
Coffee brewing
Coin wrap
Communications tower
Computer, hard & software
Concrete batch plant
Construction
Container/dumpster
Convalescent
Cooler, drinking water
Copier/fax combo
Copy machine
Corral, portable
Credit card machine

**D**ay care/nursery
Dental office
Die & tool
Dishwasher
Distributing, wholesale
Doctor's office
Donut shop
Drilling
Dry cleaning

**E**lectrical manufacturing
Electronic/digital
Engineering/surveying
Engraving/stamping
Equipment & furniture
Exercise

**F**abricated metal
Farm Equipment
- Auger
- Backhoe
- Baler
- Combine
- Disc
- Drags
- Fertilize equipment
- Grain drills
- Grain elevator
- Harrowbeds
- Harrows
- Harvester
- Hay hopper
- Hay fluffer
- Hay loader
- Hay squeeze
- Laser level equipment
- Machinery
- Manure spreader
- Plough
- Rake
- Ripper
- Scraper
- Seeder
- Semen tank
- Sprayer
- Swather
- Tools
- Tractor
- Wagon
- Windrower

Fax
Fax/copier combo
Fire/security
Fixed equipment & machinery
Fixtures
Florist/gift shop
Forklift
Funeral home
Furnishings, apartment
Furnishings, group qtrs
Furnishings, hotel
Furnishings, motel
Furnishings, patio
Furniture

**G**aming
Gasoline station equipment
General maintenance
Generator
Gift/florist shop
Golf carts
Golf course equipment
GPS engineering
Grain equipment/storage
Gravel/sand equipment
Gymnastics
Gypsum products/machinery

**H**and tools
Healthcare
Hospital

**I**ce making machine
Ice plant
Industrial
Information systems
Interior design

**J**ewelry store
Jukebox

**L**aboratory
Landscape maintenance
Laundry
- Coin operated
- Dry cleaning
- Route service

Lawn mowing/maintenance
Leasehold improvement
Library, law/medical
Locker/shed

**M**achine shop
Machinery & equipment
Mailing equipment
Maintenance
Manufacturing
Martial arts
Masonry
Medical office
Metal products & equip
Mill & mine machinery
Mining improvements
Mobile, frequent use
Mobile home park
Modular building/office

**N**ursery, day care
Nursery, horticulture

**O**il & gas lease equipment
Optical
Oxygen cylinder

**P**aging
Paint spray booth
Painting
Photography
Physical therapy
Plastics equipment
Point of sale (POS)
Portable building
Postage equipment
Power generator
Printing & publishing
Propane tank & equipment
Publishing & printing

**R**adio communications
Recreation
Refrigeration
Refrigerator
Rentals
Restaurant
Route laundry service

**S**afe
Sand/gravel equip
Satellite communication
Security camera
Security/fire
Service station equipment
Shed/locker, portable
Shoe repair
Shop equipment
Signage, indoor & outdoor
Silkscreen
Slot machine
Snowmobile
Soft drink equipment
Spray paint booth
Stamping & engraving
Storage building, portable
Store electronic
Store fixtures/equipment
Surveying

**T**ack/saddle
Telecommunications
Telephone system
Television/monitor
Television repair
Theater
Tire sales & service
Tool & die
Tools, hand/misc small
Tower, communications

**U**nlicensed vehicles/trailers
Upholstery

**V**acuum sales/service
Vending/dispensing
Veterinary hospital
Video
- Cameras
- Games/tapes
- Production

**W**arehouse equipment
Washer/dryer
Water bottle/cooler
Welding
Wholesale distributing

**Y**ard maintenance

# *HUMBOLDT COUNTY*

*Office of the Humboldt County Clerk,*
*Tami Rae Spero*

Certificate Number: Expiration Date: ☐ New Application

## Certificate of Business: Fictitious Firm Name

***Individual, Sole Proprietor, Corporation, LLC, Partnership, Non-Profit or Trust***

**Please print or type**

The undersigned does hereby certify that_____, a
(an) Individual / Sole Proprietor / Corporation / LLC / LLP / Partnership / Non-Profit/Trust (Circle one)

(Legal entities must state name exactly as it is registered with the Nevada Secretary of State) Date established in Humboldt County: _____ ____

Conducting a _____
(Type of business)

Business location _____
(Physical address)

with a mailing address of _____

Under the fictitious name of _____
(Name of business)

With a telephone number of _____ and that said firm is composed of the following person(s) whose name(s), addresses, and phone numbers or legal entity on file with the Nevada Secretary of State with the signing officer's name and title, are as follows, to-wit:

**By signing below I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.**

(1) _____ _____
Name and Title Signature Date

_____
Street Address of Business or Residence City, State, Zip

(2) _____ _____
Name and Title Signature Date

_____
Street Address of Business or Residence City, State, Zip

***For additional owners, please use additional pages***

STATE OF _____
} SS:
COUNTY OF _____

This instrument was acknowledged before me on _____
(Date)

by _____
(Name(s) of individuals whose signatures are being notarized)

_____
Signature of Notary Public/Deputy Clerk

**Mail to: Tami Rae Spero, Humboldt County Clerk, Attn. FFN**
**50 W. 5th Street, Winnemucca, Nevada 89445**
**Include: Filing fee of $20.00 payable to Humboldt County Clerk, completed certificate, & additional copies to return, with a return envelope. (If copies are not included the cost will be $0.25 per page)**