TOWN OF TONOPAH BUSINESS LICENSE APPLICATION

PLEASE RETURN TO: P.O. Box 151 Phone (775) 482-6336

Tonopah, NV 89049 Fax (775) 482-3778

E-Mail Address: townoftonopah@frontiernet.net

Please refer to Town Ordinance 22.04.040: Applicability of Other Laws:

Every person, firm or corporation doing business within the town of Tonopah shall abide by all local, county, state or federal laws and regulations which may apply to his/her/its business. When required, every such person, firm or corporation shall obtain any local, county, state or federal permit or license prior to applying for a town business license. (Ord. 94-01, 1994)

A.	Business Name:			
B.	Certificate of Fictitious Firm Name filed in Nye County*: Yes			
C.	Mailing Address:			
		P.O. Box or Street		
		City, State	Zip Code	
		Telephone		
		E-Mail-Address (For notices/renewal notification	ns)	
D.	Tonopah Business Location:(physical address)			
E.	Business Website:	Business Website: (To be linked on the Town website)		
	(To be linked on the	c Town website)		
Orga		ship (please check one):		
	anization and Owner		of	
Sole	anization and Owner Proprietorship	ship (please check one):		
Sole Partr	anization and Owner Proprietorship	ship (please check one): Corporation in the State of the Corporation in the Co		
Sole Partr If a C	anization and Owner Proprietorship nership	ship (please check one): Corporation in the State of the Corporation in the Co		
Sole Partr If a C	Proprietorship nership Corporation, please give	Ship (please check one): Corporation in the State of the Corporate name:		
Sole Partr If a C	Proprietorship ership Corporation, please givers/Officers**:	Ship (please check one): Corporation in the State of the Corporate name:		
Sole Partr If a C Own Nam Addi	Proprietorship ership Corporation, please givers/Officers**:	ship (please check one): Corporation in the State of the Corporate name: Title:		
Sole Partr If a C Own Nam Addi	Proprietorship nership Corporation, please givers/Officers**: e: ress: e:	ship (please check one): Corporation in the State of the Corporate name: Title:		

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	siness Classification:	~			
A.	Retail	C.	Professional		
B.	Wholesale	D.	Service/Entertainment		
Des	scription of Business / T	Type of Busine	ess or Operation:		
Mi	scellaneous Information	(Please answ	ver all):		
A.	Number of Persons Engaged in Business in Tonopah:				
	Full Time				
			Part Time		
B. Number of Hours Operated Per Week in Tonopa			eek in Tonopah:		
C.	Number of Weeks Operated Per Year in Tonopah:				
D.	State of Nevada Business License Number*:				
E. Date business started/will start		l/will start in T	in Tonopah:		
Ap	artment/Residential/Mo	otel Operation	ns:		
Lis	Type and Number of Rental Units in Tonopah:				
Co	tractors/Professionals:				
Sta	te of Nevada Contractor'	s/Professional	License Number*:		
Foo	d Vendors/Restaurants:				
Ple	se provide a copy of your current health permit/Cottage Food License.				
To	n of Tonopah Website Listing:				
Yo	r business will automatically be listed on the Town website tonopahnevada.com				
\Box I \dot{c}	lo <u>not</u> wish to be listed on the Town of Tonopah website.				
(Ple	ase check if applicable.)				
E UN	NDERSIGNED, CERTI	FY THE ABO	OVE INFORMATION IS TRUE AND		
	•		AND CONDITIONS OF THE		
	•		ESS LICENSE IS ISSUED.		
			.		
ure:					
(please print)			Title:		

^{*} Please provide a copy of all necessary certificates along with this application.
** Please provide a copy of a valid driver's license/picture ID.