

Pahrump Office
Nye County Government Center
2100 E. Walt Williams Drive
Suite 100
Pahrump, NV 89048
Phone (775) 751-4270



Tonopah Office
Nye County Courthouse
William P. Beko Justice Facility
P.O. Box 153
Tonopah, NV 89049
Office (775) 482- 8189
Fax (775) 482-8198

Nye County Licensing Department

Nye County Licensing Department Modification of Premises, Move of Premises, Business Name Change Application Checklist

This checklist identifies the information and documentation that is required to be submitted to complete the Liquor, Gaming and Brothel License Modification of Premises, Move of Premises, Business Name Change Application process. Please ensure the steps and requirements below are completed before submission of your applications packet. Insufficient packets will not be accepted.

Applicant Name: _____ **Business Name:** _____

Address: _____

Date Received:

- _____ **One photograph of yourself (passport style photo is preferred)**
- _____ **Photographs of the business inside and out, and a photograph of the business site**
- _____ **Plot Map**
- _____ **Town business license (Pahrump only)**
- _____ **State of Nevada Business License**
- _____ **Certificate of Business – Fictitious Firm Name (Issued by Nye County Clerk)**
- _____ **Zoning Review (Issued by Nye County Planning Department)**
- _____ **Escrow Documents, Finance Agreement/Contract or Rental/Lease Information.**
- _____ **Health Certificate**
- _____ **Certificate of Compliance for Fire Safety**
- _____ **Occupancy Permit**

****New partners must complete a new license application, pay the respective fees, and a background check must be completed. ****

OFFICE USE ONLY

Date Completed:

- _____ **Complete application received by Licensing Administrator**
- _____ **Copy of Application Submitted to the Nye County Sheriff's Office**
- _____ **Reviewed by Nye County Sheriff**
- _____ **Reviewed by Chair of Nye County Licensing and Liquor Board.**



NYE COUNTY LICENSING DEPARTMENT

Pahrump Office: Nye County Government Center
2100 E. Walt Williams Drive, Suite 100
Pahrump, NV 89048
Phone: 775-751-4270
Email: NyeLicensing@nyecountynv.gov

Tonopah Office: Nye County Courthouse
William P. Beko Justice Facility
101 Radar Road
P.O. Box 153
Tonopah, NV 89049
Phone: 775-482-8189

APPLICATION FOR:

☐ LIQUOR LICENSE ☐ BROTHEL LICENSE ☐ GAMING LICENSE

Please be advised that information provided may be subject to public records disclosure and will appear on Public Information Reports. Any incomplete, illegible, or altered applications will not be accepted for processing.

APPLICANT NAME:

| BUSINESS NAME: | DOING BUSINESS AS / FICTITIOUS FIRM NAME: | FICTITIOUS FIRM NAME CERTIFICATE FILED? |
|----------------|---|--|
| | | Yes No |

BUSINESS OWNERSHIP TYPE:

- ☐ Sole Proprietorship
☐ Corporation
☐ Limited Liability Company
☐ Other, please fully describe in the provided box on the right:

PLEASE PROVIDE CORPORATION OR LLC FILING DOCUMENTS FOR THE APPLICABLE CHOICES ON THE LEFT

LIST ALL OWNERS OR ENTITY OWNERSHIP (Attach additional pages as needed)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

LLC Name: _____ Address: _____ Phone: _____

Corporation Name: _____ Address: _____ Phone: _____

LIST FINANCIAL INTEREST OF EACH OWNER OF THIS BUSINESS OR MEMBER OF THE CORPORATION: (Attach additional pages as needed) **PLEASE PROVIDE DOCUMENTATION IN SUPPORT**

| Name or Corporation/LLC | Title/Position | Percentage Owned/Invested | Amount Owned/Invested |
|-------------------------|----------------|---------------------------|-----------------------|
| Name or Corporation/LLC | Title/Position | Percentage Owned/Invested | Amount Owned/Invested |
| Name or Corporation/LLC | Title/Position | Percentage Owned/Invested | Amount Owned/Invested |
| Name or Corporation/LLC | Title/Position | Percentage Owned/Invested | Amount Owned/Invested |

| LIST PRIMARY MANAGER(S) OR KEY PERSONNEL RESPONSIBLE FOR THE OPERATION: | | | | |
|---|-------------------|------------------|---|-------|
| Full Name | Position/Title | Complete Address | Phone | Email |
| | | | | |
| Full Name | Position/Title | Complete Address | Phone | Email |
| | | | | |
| Full Name | Position/Title | Complete Address | Phone | Email |
| | | | | |
| Full Name | Position/Title | Complete Address | Phone | Email |
| | | | | |
| Full Name | Position/Title | Complete Address | Phone | Email |
| | | | | |
| IS THE BUSINESS LOCATION/BUILDING(S)? PLEASE PROVIDE COPY OF SALE OR LEASE AGREEMENT | | | | |
| <input type="checkbox"/> Owned DATE PURCHASED: _____ PREVIOUS OWNER NAME: _____ <input type="checkbox"/> Leased LEASE BEGINNING DATE: _____ LEASE EXPIRATION DATE: _____ | | | | |
| Lessor's Business Name | Lessor/Agent Name | Lessor Address | City | |
| State | Zip Code | Phone | Email | |
| BUSINESS OPENING DATE/EXPECTED OPENING DATE: _____ | | | | |
| DESCRIBE NATURE OF THE BUSINESS AND ALL ACTIVITIES: | | | | |
| _____ _____ _____ | | | | |
| Liquor Applicants Only: Are you operating, or planning to open, your business with partial operations and without the requested license while the license application process is continuing? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which activities will your business be engaged in pending the application process: _____ _____ | | | | |
| Have you secured insurance coverage for this business location? If yes, please provide: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE PROVIDE COPY OF INSURANCE POLICY | |
| Type: _____ Policy #: _____ Certificate #: _____ Issuer: _____ Expiration date: _____ | | | | |
| Do you, or will you store hazardous or flammable materials? If yes, please provide: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Scientific name: _____ Common name: _____ Quantity stored: _____ Total waste: _____ | | | | |

Provide the legal description of the property upon which the proposed (or existing) operation is to be conducted, together with executed copies of all deeds, mortgages, deeds of trust, liens, or other encumbrances, leasehold interests, or other financial, leasehold or ownership interests relating to the premises:

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| |
| |

STATE / LOCAL BUSINESS LICENSE(S) PLEASE PROVIDE COPIES

| | | |
|--------------------------|------------------------------------|--|
| Local Business License # | State of Nevada Business License # | Liquor License only: US Department of Treasury Registration filed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------|------------------------------------|--|

Does this business require any of the following: PLEASE PROVIDE COPIES

- ☐ State of Nevada Health Permit
- ☐ Certificate of Occupancy (Pahrump only)
- ☐ Certificate of Compliance for Fire Safety (Outside of Pahrump)

LIST ALL ASSETS TO BE USED OR CONVERTED FOR USE AS CAPITAL INVESTMENT:

| ASSETS | DESCRIPTION | AMOUNT OR VALUATION |
|--------|-------------|---------------------|
| | | |
| | | |
| | | |
| | | |

LIST THE FOLLOWING INFORMATION OF ANY PERSON, FIRM OR CORPORATION WHICH HAS UNDERTAKEN TO ADVANCE MONIES TO THE APPLICANT IN THE FINANCING OF THIS BUSINESS:

| NAME/ADDRESS/PHONE NUMBER | RELATIONSHIP | DESCRIPTION OR NATURE AND AMOUNT OF FINANCING |
|---------------------------|--------------|---|
| | | |
| | | |
| | | |
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