

**CITY OF ELY
BUSINESS LICENSE APPLICATION**
501 Mill Street, Ely, Nevada 89301 - (775) 289-2430 & Fax (775) 289-1463

Business License # (Issued by City of Ely) _____ Date Applied _____

FULL NAME OF APPLICANT: _____

BUSINESS NAME OR TRADE NAME: _____

BUSINESS STREET ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE #: _____ RESIDENCE PHONE #: _____

EMAIL ADDRESS: _____

Corporation # _____ Sales Tax ID # _____

Contractor # _____ Fed ID / SSN # _____

DESCRIPTION: PEDDLER: _____ WHOLESALE: _____ PROFESSIONAL: _____ RETAIL: _____ TEMPORARY: _____

CATERER: _____ CIVIC: _____ SERVICE: _____ HOME OCCUPATION: _____ COMPANY REP.: _____

NATURE OF BUSINESS: _____

FILL IN ONLY THOSE THAT APPLY:

Start Date _____

Number of full time employees _____

Number of part time employees _____

Business frontage in feet _____

Hours in operation _____

Non-resident contractor _____ Peddler _____ Hotel/Motel _____

Applying for a liquor license? Yes _____ No *Note for non-resident license holders: There will be a landfill fee of \$48.99 assessed monthly. Cancel the Business License after job(s) are completed and landfill fee will be cancelled.* _____ Initials _____

Certification: I hereby certify that the information supplied above is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____

.....
HEALTH INSPECTOR, BUILDING INSPECTOR AND FIRE MARSHALL
.....

Health permit required: Yes _____ No _____ Date health permit issued: _____ Health Inspector: _____

Building Inspector: _____ Date: _____ Fire Marshall: _____ Date: _____

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CLASSIFICATION: (FOR OFFICIAL USE ONLY)
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Classification	_____	Non-resident	_____
Business frontage in feet	_____	Peddler	_____
Average employees	_____	Trailer (spaces)	_____
Part-time employees	_____	Hotel (rooms)	_____
Hours in operation	_____	Rental (homes)	_____
Months in operation	_____	Boarding (units)	_____
Zone location	_____	Motel (rooms)	_____
TOTAL POINT VALUES	_____	Apartment (units)	_____
		Temporary (Days)	_____

LICENSE FEE: _____

CERTIFICATE: *The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned that is authorized to sign this application.*

Signature: City Administrator _____

Date _____