INSTRUCTIONS REGARDING CHILD CARE LICENSE APPLICATIONS FOR TAKING CARE OF 1-4 CHILDREN*

1. Fill out paperwork to do background check with City Clerk’s staff:
   a. DPS Fingerprint Background Waiver, the City keeps this form.
   b. Fingerprint Request Form, customer takes this form to the fingerprinting facility and returns it to the City after the fingerprints have been processed.

2. Obtain background check from a DPS authorized finger printing facility. You will need the following:
   a. Signed Fingerprint Request Form
   b. Identification
   c. Fee – determined at the facility

3. Submit:
   a. Completed application form, which must be signed. Each applicant/care taker must submit a separate completed application form.
   b. If the premises are being rented or leased, submit written authorization from the landlord/owner to do business at that location.
   c. Copy of ID

A Child Care license will be issued when the investigation is approved by the City Clerk’s Office, the business license requirements are met, and City Council approves the child care license.

FAILURE TO FOLLOW THESE INSTRUCTIONS PROPERLY COULD CAUSE SUBSTANTIAL DELAY IN THE PROCESSING OF YOUR LICENSE.

This license process is applicable for the care of 1-4 children*. A child care license to care for 6 or more children is regulated by the State of Nevada Division of Child Care and Family Services.

*Not including your own children.
As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by ________________________________ (name of requesting agency) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

   **16.34 · Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize ________________________________ (name of requesting agency), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant’s Name:

PLEASE PRINT

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
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</thead>
</table>

ADDRESS:

PLEASE PRINT

________________________________________

Applicant’s Signature:

________________________________________

Date:

________________________________________

Submitting Agency:

________________________________________

Address:

________________________________________

Agency Representative:

PLEASE PRINT

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
</tr>
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</table>

Agency Representative Signature: __________________________________________

Date: __________________________________________
Washoe County

Fingerprinting Express
1320 E. Plumb Lane Ste. A
Reno, NV 89502
775-322-5587
Currently submitting electronically to DPS

The UPS Store #3120
10580 N. McCarran Blvd. Ste. #115
Reno, NV 89503
775-746-3988
Currently submitting electronically to DPS

HOW TO PREPARE FOR A FINGERPRINTING SESSION

- Livescan fingerprints – If you have dry hands use lotion *multiple times per day leading up to your visit.
- If you have sweaty or wet hands please be sure to notify your fingerprint technician upon check-in.
- Come with clean hands, if possible. Most background check requirements no longer require ink. Livescan technology allows us to capture your fingerprints without messy ink.
- *if you require ink fingerprints do not use lotion the day of your visit.

What you need to bring with you:

- Valid, Non-Expired Governmental-Issued Photo Identification.
- Supporting Fingerprint Paper Documents (when applicable) NABS Applications MUST present NABS forms.
- Any fingerprint card(s) provided to you (if any, if not we have the FD-258 blue and white cards in stock).
- Livescan Request Form.
- Your Fingers.
- Cash, Credit, Debit Payment and/or Company Voucher.
FINGERPRINT REQUEST FORM

Please provide this form to the authorized fingerprint technician at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. All fees associated with fingerprinting to be collected by the authorized fingerprint agent. **Livescan prints required, no hard cards will be accepted by the City Clerk.**

**Fingerprint technician: please ensure that you see photo ID for identity verification purposes prior to fingerprinting.**

APPLICANT INFORMATION:

Applicant Name (Last, First, MI): ________________________________

Applicant Address: __________________________________________

City, State, Zip: _____________________________________________

Date of Birth: _______________ Place of Birth: _________________

SSN: _____________________ Citizenship: ____________________


AUTHORIZED ENTITY INFORMATION

Account Number (MNU): 151592 ORI: NV0131700

Reason Fingerprinted: **NRS 239B.010.1A**

Submit Fingerprints Electronic Livescan: **Yes (Required)**

FINGERPRINT SITE INFORMATION

Signature of official taking prints: ______________________ Date: __________

TCN Number: ______________________ (used for tracking purpose)
APPLICANT INFORMATION

BUSINESS OWNER:__________________________________________________

CHILD CARE BUSINESS NAME:_________________________________________

BUSINESS ENTITY TYPE: □ Sole Proprietor □ Home Occupation □ Corporation □ Partnership □ LLC □ Association □ Other: _____________________________

BUSINESS LOCATION*: ____________________________________________

STREET______________________________________________________________________________

CITY/STATE/ZIP

MAILING ADDRESS (if different than above):__________________________________________

STREET______________________________________________________________________________

CITY/STATE/ZIP

NUMBER OF EMPLOYEES

CONTACT PERSON:__________________________________________________________

PHONE #:___________________________

E-MAIL:__________________________________________ Nevada Business ID #___________

*Note for rented or leased homes, written permission from the property owner is required.

Type of license:

□ Home Child Care □ Group Child Care, explain:__________________________

□ Child Care Center ____________________________

Have fingerprints been submitted in Nevada for the applicant(s)?

□ YES □ NO if no, explain______________________________________________________

**Businesses licensed by the State of Nevada Division of Child Care and Family Services Bureau of Services for Child Care do not need to submit fingerprints or go through the background check.

IF YOU AS THE APPLICANT, OWNER(S), OR PERSON 18 YEARS OR OLDER LIVING ON THE CHILD CARE FACILITY PREMISES, HAVE EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMES REGARDLESS OF WHEN THE CRIME OCCURRED, please list:__________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

FOR HOME OCCUPATION: A complete listing of all residents over age 18 residing in the home or on the premises of the home must be provided. The Business License Division must be immediately notified of any additional person employed or leaving employment or residing in the home.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to the owner</th>
<th>Age</th>
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Each of the persons listed in this application have attested to the applicant that they have no pending charges and:

a) have never been convicted of felony;

b) have never been in violation of any federal or state law regulating child abuse and/or neglect or contributory delinquency;

c) have never been in violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drugs as defined in Chapter 454 of NRS;

d) have never been in violation of any federal or state law regarding murder, manslaughter or mayhem, any other violation involving the use of a firearm or other deadly weapon; assault with intent to kill or commit sexual assault or mayhem; sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;

e) have never been found in violation of any local, state, or federal law which arises from or is otherwise related to the individual’s relationship to a child care facility;

f) have not currently or in the past had previous interest in a licensed child care facility that has been any of the following:
   • closed as a result of a license suspension or revocation;
   • convicted of child abuse, neglect or exploitation.

e) convicted of any other crime involving physical harm to a person or if a criminal action is pending against the person.

CHILDREN MAY NOT BE LEFT IN THE CARE OF ANY PERSON WHO HAS NOT BEEN APPROVED/CLEARED BY THE BUSINESS LICENSE DIVISION FOR THE HOME CHILD CARE BUSINESS. AN ALTERNATE CARETAKER MUST BE AT LEAST 18 YEARS OF AGE, INCLUDED IN THE BUSINESS LICENSE; CHILDREN MAY NOT BE LEFT IN THE CARE OF ANY PERSON UNDER 18 YEARS OF AGE.

**EMERGENCY CONTACT/LOCAL CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
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I, THE UNDERSIGNED, UNDERSTAND THAT: 1) IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; 2) BUSINESSES ARE SUBJECT TO COMPLIANCE INSPECTIONS. 3) I AGREE TO ABIDE BY THE RULES PROMULGATED BY THE STATE OF NEVADA FOR A CHILD CARE FACILITY AND CHILD CARE CODE PROVIDED TO ME BY THE LICENSE DIVISION OF THE CITY OF FERNLEY AND DO HEREBY STATE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ THE REGULATIONS AND STANDARDS PERTAINING TO THE SPECIFIC TYPE(S) OF FACILITY FOR WHICH LICENSURE IS REQUESTED.

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<tr>
<th>Signature:</th>
<th>Date:</th>
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IT IS YOUR RESPONSIBILITY TO OBTAIN ALL APPLICABLE INSPECTOR’S SIGNATURES BEFORE SUBMITTING APPLICATION, THIS MAY NOT BE APPLICABLE TO HOME OCCUPATIONS.

**PHONE** | **DEPARTMENT** | **SIGNATURE AND DATE**

| 575-3310 | FIRE INSPECTOR | |
| 784-9902 | PLANNING DEPARTMENT | |
| 784-9829 | BUILDING DEPARTMENT | |
| 784-9910 | PUBLIC WORKS | |
| 687-7539 | HEALTH DEPARTMENT | |

**OFFICIAL USE ONLY**

<table>
<thead>
<tr>
<th>Agenda:</th>
<th>License:</th>
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<tr>
<th>Activity Type:</th>
<th>Total amount paid:</th>
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<tr>
<th>Business License restrictions:</th>
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Revised 03/2018

City of Fernley, Clerk’s Office
## STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
### AFFIRMATION OF COMPLIANCE
#### WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Type of Business</th>
<th>Business Telephone Number</th>
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<table>
<thead>
<tr>
<th>Business Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Name of Principal Owner (Please Print)</th>
<th>Principal Owner's Telephone No.</th>
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<tr>
<th>Principal Owner's Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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):

<table>
<thead>
<tr>
<th>Effective Date of Coverage</th>
<th>Account Number</th>
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</table>

( ) 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.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Certificate Number</th>
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I declare that I have the 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

<table>
<thead>
<tr>
<th>Name of Applicant (Please Print)</th>
<th>Applicant's Telephone No.</th>
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<thead>
<tr>
<th>Applicant's Residence Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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I do hereby affirm that the above information is true and correct.

DATED this___________ day of_____________, 20______.

<table>
<thead>
<tr>
<th>Signature of Applicant (To be signed in the presence of the business license office employee)</th>
<th>Applicant's Title</th>
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Witness Signature - (Business License Office Employee)  Name of City or County

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this ____ day of __________________________, 20__.

______________________________  D-25(1) (rev. 3/01)
NOTARY PUBLIC
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.

"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.
CERTIFICATE OF BUSINESS:
FICTITIOUS FIRM NAME
Lyon County Clerk Treasurer, 27 South Main Street
Yerington, NV 89447 (775) 463-6501

* * (This Form MUST be Notarized) * *

The Undersigned do hereby certify that ____________________________ is/are
conducting a ____________________________ business at
______________________________ Nevada, under the fictitious firm name
of ____________________________ and that said firm is composed of the
following person(s) whose name(s) and address(s) as follows, to wit:

1) Name of person, partners or corporate officer
   MAILING address
   City, State, Zip
   (Signature of: owner, partner or authorized officer)

2) Name of person, partners or corporate officer
   MAILING address
   City, State, Zip
   (Signature of: owner, partner or authorized officer)

3) Name of person, partners or corporate officer
   MAILING address
   City, State, Zip
   (Signature of: owner, partner or authorized officer)

4) Name of person, partners or corporate officer
   MAILING address
   City, State, Zip
   (Signature of: owner, partner or authorized officer)

WITNESS this hand on the ______ day of ____________________________, ______.

STATE OF ____________________________
   } ss.
COUNTY OF ____________________________

ON this ______ day of ______ A.D., _______, before me, ______________________ a Notary Public in and for the said county and State, residing therein, duly commissioned and sworn, personally appeared:
____________________________________ known to me to be the person(s)
whose name subscribed to the within instrument and acknowledged to me that he (she) (they) has (have) executed the same freely and voluntarily and for the uses and purposes therein mentioned. In Witness whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

______________________________
Notary Public in and for said County and State

(Notary Stamp) $25.00 filing fee Return Original
CHILD SUPPORT INFORMATION FORM

Pursuant to NRS 425.520 & NRS 266.358, the statement below must have the appropriate box checked and the bottom filled out and signed or the issuance or renewal of the business license will be denied. **This does not apply to: Corporations, S-Corporations, or Limited Liability Companies.**

☐ 1. I am **not** subject to a court order for the support of a child.

☐ 2. I **am** subject to court order for the support of one or more children and I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ 3. I **am** subject to court order for the support of one or more children and I am **not** in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant’s Name (Printed):________________________________________

________________________________________
Signature of Applicant

____________________
Date

Revised 9/11/2013
Home Occupation

1) Applicability
   This section applies to any Home Occupation.

2) Standards
   a. The home occupation shall be operated entirely within a dwelling unit by a person or persons residing in the dwelling unit as a clearly secondary and incidental use of the dwelling for residential purposes. The home occupation must not change the residential character of the dwelling unit.
   b. The home occupation may include storage for stock-in-trade, supplies, equipment, or goods and must be confined to the dwelling unit, accessory structures, or be stored behind a solid fence to conceal these items from any public street.
   c. Not more than one (1) commercial vehicle or trailer, which has an unladen vehicle weight of ten thousand pounds or greater or is more than twenty-five feet in length shall be kept at the residence, except on parcels greater than two (2) acres in size.
   d. Up to 5 client visits or service deliveries to the home occupation are allowed per day.
   e. There shall be no indication of the home occupation on the exterior of the premises.
      i. Unless required by federal regulation. Demonstration of this requirement is necessary for the City to permit indication on the exterior of the home occupation.
   f. There shall be no manufacturing, processing, or similar activity on the premises which generates noise, odor, dust, vibration, fumes, smoke, electrical interference or other interference with adjacent properties.
   g. The home occupation shall not be operated without the written consent of the owner of the real property. An affidavit signed by the property owner shall be submitted as part of the Business License application.
   h. In Non-rural residential zoning districts, no employees of the business shall be allowed to report for duty either at or near the residence. In Rural residential zoning districts, no employees of the business shall be allowed to report for duty either at or near the residence, except in the RR-2, RR-3, RR-4, and RR-5 zoning districts where not more than three non-occupants may be allowed to report for duty at the residence.

3) Business License Required. A person desiring to conduct a home occupation shall complete an application for a Business License under Title 3 of this code.

4) The applicant shall apply for a Special Use Permit if the information contained on the completed permit application indicates that one or more of the conditions contained in subsection 2 of this section may be violated.

I, _______________________________ acknowledge receipt of the above stated City of Fernley Development Code pertaining to Home-based businesses and agree to adhere to the regulations.

_________________________ Date
Business Owner/Applicant

City of Fernley
Clerk’s Office

Development Code Chapter 28
Landlord Permission Form

Business name:__________________________________________________________

Business Owner:_________________________________ Phone #________________

Business Location:________________________________________________________

Landlord Name ___________________________________ Phone #________________

☐ Owner    ☐ Property Manager

Landlord Address________________________________________________________

City of Fernley Business License #________________________________________

State of Nevada Business License #________________________________________

I, ___________________________________________________ acknowledge that I have been notified by
________________________________________ (tenant) of his/her intent to operate a business from
the above location.

_________________________________________   __________________________
Landlord                                          Date

☐ Copy of rental or lease agreement attached