



General Business License Application -  
Non-Profit Organizations

Business License Fees ~

There is no fee as long as proper documentation  
is included with the application

Please complete all forms in the application packet in their  
entirety. If you have any questions regarding the requested  
information, please contact our office at:

775-353-5555.

Incomplete applications will not be accepted.

## City of Sparks Business License Application Guidelines

Our job in the Business License Division is to help guide applicants through the process of starting a business in the City of Sparks. **Items 1-3 are required prior to submitting any Business License application.** All City of Sparks applications and forms are available in our office at City Hall, 431 Prater Way, Sparks, online at [www.cityofsparks.us](http://www.cityofsparks.us) or via email by request. Please don't hesitate to contact our office with questions at 775-353-5555 weekdays from 8:00am – 5:00pm or via email at [business@cityofsparks.us](mailto:business@cityofsparks.us).

1. **Proof of the Not for Profit Status through the IRS.** Most commonly known as a 501(c)(3). Per SMC 5.08.030A - a tax-exempt entity must provide a current copy of its letter of determination from the Internal Revenue Service
2. **A letter on company letterhead authorizing the applicant to apply for the business license and sign on behalf of the organization.**
3. **If the organization will be authorizing any events to be held on its behalf, a list on company letterhead of authorized parties must be submitted to our office.** Any application for a temporary use permit from a party not authorized will be denied until an updated list is received. We will maintain the list for future reference until a new list is provided.

### **Submitting the Application Packet**

Business License applications take a **minimum of 1 week** to process. Please plan accordingly. Please ensure that all forms included in the packet are complete and submitted with the application to avoid delays in processing. Incomplete applications **will not** be accepted until all necessary information is provided to the Business License Division. Initial application and review fees can vary depending on reviews needed and the type of business you are conducting. **Tax Exempt entities are not exempt from inspection fees, i.e. Fire, Zoning, Environmental Control, etc.** Please call the Business License Division for an accurate fee quote. Appropriate fees must be submitted with the application packet at the time of submission. You may submit your application in person at City Hall at the Customer Service Counter or by mail to the City of Sparks Business License Division.



1 E. 1<sup>st</sup> St – 2<sup>nd</sup> Floor  
PO Box 1900  
Reno, NV 89505  
775-334-2090  
www.reno.gov



431 Prater Way  
PO Box 857  
Sparks, NV 89432  
775-353-2360  
www.cityofsparks.us



1001 E. 9th St. – Bldg A  
PO Box 11130  
Reno, NV 89520  
(775) 328-3733  
www.washoecounty.us

I am applying for licensure in - City of Reno ☐ City of Sparks ☐ Washoe County ☐

**Note to license applicant:** Licensure by one jurisdiction does not guarantee a license with another jurisdiction. (Copies Accepted)

## BUSINESS LICENSE APPLICATION

Number of Personnel

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Please type or print in black or blue ink only.

01) Corporate Name/Business Name: \_\_\_\_\_

02) Doing Business in Nevada as (DBA): \_\_\_\_\_

03) Start Date: \_\_\_\_\_

04) Business Location (no PO Boxes): \_\_\_\_\_ Suite #: \_\_\_\_\_

05) Federal Tax ID # (EIN): \_\_\_\_\_

06) City: \_\_\_\_\_ 07) State: \_\_\_\_\_ 08) Zip Code: \_\_\_\_\_ 09) Bus. Phone: \_\_\_\_\_

10) Mailing Address: \_\_\_\_\_ 11) Bus. Fax: \_\_\_\_\_

12) City: \_\_\_\_\_ 13) State: \_\_\_\_\_ 14) Zip Code: \_\_\_\_\_ 15) E-mail: \_\_\_\_\_

16) Business Entity Type: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Association 17) Professional License #: \_\_\_\_\_

18) Describe the nature of business to be conducted (be specific and complete):

19) Location of Rentals: \_\_\_\_\_

20) Number of Rental Units: \_\_\_\_\_

21) First Year's Estimated Gross Receipts (Reno only): \_\_\_\_\_

### List Individual Licensee

22) Licensee: \_\_\_\_\_ 23) Title: \_\_\_\_\_ 24) Phone: \_\_\_\_\_

25) Home Address: \_\_\_\_\_ 26) Alt Phone: \_\_\_\_\_

27) City: \_\_\_\_\_ 28) State: \_\_\_\_\_ 29) Zip Code: \_\_\_\_\_ 30) DOB: \_\_\_\_\_

### List Individuals with Interest or Ownership in the Business

31) Full Name Title Address DOB

### Emergency Contact/Local Contact Information

32) Name: \_\_\_\_\_ 33) Phone: \_\_\_\_\_

34) If this applying individual, or any member of this applying firm, has been convicted in this state, or elsewhere, within the past ten years of any offense, not including minor traffic offenses, please state the offense or offenses, the year of conviction, and the punishments assessed therefore.

I, THE UNDERSIGNED, UNDERSTAND THAT: (1) IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; (2) THIS DOCUMENT IS AN APPLICATION ONLY AND CERTAIN CONDITIONS MUST BE MET BEFORE A BUSINESS LICENSE WILL BE ISSUED TO ME; (3) I CERTIFY THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

35) Licensee Signature: \_\_\_\_\_ 36) Title: \_\_\_\_\_ 37) Date: \_\_\_\_\_

Health Recommendation Other Recommendation Planning Recommendation

\_\_\_\_\_

### Official Use Only

☐ Commercial ☐ Home Based  
☐ Not in City ☐ Admin Office  
☐ Shared Space/Booth Rental ☐ Non-Profit

Total Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Sewer Account # \_\_\_\_\_

Parcel # \_\_\_\_\_

License # \_\_\_\_\_

Activity Type \_\_\_\_\_

Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_