

APPLICATION FOR BUSINESS LICENSE AND GARAGE REGISTRATION

 State Business License Number _____ DMV License Number _____
(If new applicant, please leave blank)

Individual/Corporate Name _____

DBA Name _____

 Mailing Address _____
Street City State Zip Code

 Physical Address _____
Street City State Zip Code

Business Phone Number _____ Business Fax Number _____

E-Mail Address _____ FEIN: _____

Reason for Submittal	Business Type	Dealer (Business Activity)	Schools (Business Activity)
<input type="checkbox"/> New Application <input type="checkbox"/> Principal Location <input type="checkbox"/> Branch Location <input type="checkbox"/> Change <i>Mark type of change(s)</i> <input type="checkbox"/> Add Activity <input type="checkbox"/> Remove Activity <input type="checkbox"/> Change of Principal(s) <input type="checkbox"/> Adding <input type="checkbox"/> Deleting <input type="checkbox"/> Change of Business Structure <input type="checkbox"/> Change of Business Address <input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Change of Curriculum <input type="checkbox"/> Change of Class Schedule <input type="checkbox"/> Change of Email Address <input type="checkbox"/> Change of Business Name _____ Requested Name _____ Previous Name <input type="checkbox"/> Duplicate License	<input type="checkbox"/> Rebuilder <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Transporter <input type="checkbox"/> Broker <input type="checkbox"/> Wrecker <input type="checkbox"/> Electronic Notification <input type="checkbox"/> Salvage Pool <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live <input type="checkbox"/> Internet <input type="checkbox"/> Body Shop <input type="checkbox"/> Class A Certificate <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Garage Registration</div> <input type="checkbox"/> Garage Number of Technicians _____ Type of Repairs _____ _____	<input type="checkbox"/> Dealer <input type="checkbox"/> New Motor Vehicle <input type="checkbox"/> Used Motor Vehicle <input type="checkbox"/> New Trailer <input type="checkbox"/> Used Trailer <input type="checkbox"/> New Motorcycle <input type="checkbox"/> Used Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Long Term Lessor <input type="checkbox"/> Short Term Lessor <input type="checkbox"/> Short Term Tlr Lessor <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live <input type="checkbox"/> Internet <input type="checkbox"/> OHV Dealer <input type="checkbox"/> New OHV <input type="checkbox"/> Used OHV <input type="checkbox"/> Long Term OHV Lessor <input type="checkbox"/> Short Term OHV Lessor <input type="checkbox"/> OHV Manufacturer	<input type="checkbox"/> Drive School <input type="checkbox"/> Behind-the-Wheel <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> Minors <input type="checkbox"/> Traffic Safety School <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> DUI School <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Emission Control (Business Activity)</div> <input type="checkbox"/> Emission Station <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Test Only <input type="checkbox"/> Test & Repair <input type="checkbox"/> Fleet, Test Only <input type="checkbox"/> Fleet, Test & Repair

Dealers selling new vehicles must list vehicle makes franchised to sell: _____

 Individual Partnership LLP LLC Corporation Incorporated in State of _____ File Date _____



OWNERSHIP: List name and title of each individual, each partner, whether general or limited, or each principal officer, director or stockholder participating in the direction, control or management of the policy of the business. Use separate page if necessary. Ownership change requires notification to the Department.

Name (Last, First, Middle)	Title

Registered Agent's Information: _____

For Garage Registration Only: Additional Location(s)

Name of Business	Address	Phone Number and Managers Name	# of Technicians

Nevada Revised Statute and Nevada Administrative Code Chapters:

NRS/NAC Chapters 445B & 482	NRS/NAC Chapters 482 & 490	NRS/NAC Chapter 483	NRS/NAC Chapters 487 & 597 (Body Shop & Garage only)
Station and Inspector licensing.	Broker, Dealer, Distributor, Long Term Lessor, Manufacturer, Rebuilder, Salesman, Short Term Lessor and Transporter licensing, including Off-Highway Vehicle Industry Licensing.	Instructor and School licensing.	Body Shop, Garage, Salvage Pool and Wrecker licensing or registration.

I understand providing false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my business license or registration and constitutes a gross misdemeanor under Chapter 482, 483, 487, 445B and 490 of the Nevada Revised Statutes. Furthermore, I understand it is my responsibility to review the aforementioned Nevada Revised Statute and Nevada Administrative Code Chapters with respect to the license or registration I am applying for and agree to comply with the requirements stated therein. I declare under penalty of perjury that the foregoing is true and correct.

NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.
Signatures must be original. Photocopies are not acceptable.

Applicant's Signature

Title

Date

State of Nevada
 County of _____

Subscribed and sworn to before me this _____ day of _____ 20 _____ by _____

Signature of Notary Public or Authorized Nevada DMV Representative

Notary Seal