

NEVADA BUSINESS REGISTRATION

Please Print Clearly – Use Black or Blue Ink Only

Please see instructions regarding form detail and online registration options.

1	<input type="checkbox"/> New Business <input type="checkbox"/> Update Business	2	<input type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> Consumer Use Tax Permit <input type="checkbox"/> Certificate of Authority	3	<input type="checkbox"/> Change in Ownership/Entity/Officers <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Add Location	<input type="checkbox"/> Change in Entity/DBA Name <input type="checkbox"/> Change in Location Address <input type="checkbox"/> Other _____	
4	Business Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership	5	Nevada Business ID (11 Digits) NV	6	Federal Tax ID Number -	7	State & Date of Incorporation
8	Corporate/Entity Name (as shown on State Business License):			Nevada Name (DBA):			
9	Corporate/Entity Address: Street Number, Name Suite or Unit City, State, Zip			Corporate/Entity Telephone:	Email Address:		
10	Location of Nevada Business Operations: Street Number, Name Suite or Unit City, State, Zip			Location Telephone:	Business Fax:		
11	Location Mailing Address: Street Number, Name Suite or Unit City, State, Zip			Modified Business Tax Mailing Address: Street Number, Name Suite or Unit City, State, Zip			
12	Commerce Tax Mailing Address: Street Number, Name Suite or Unit City, State, Zip			13	Location of Business Records: Street Number, Name Suite or Unit City, State, Zip		
14	List ALL Owners, Partners, Corporate Officers, Managers, Members, etc. Attach Additional Sheets if Needed. <input type="checkbox"/> Please check the box if making changes to existing officers and the Department will send you a "Taxpayer Information Update Form".						

Last, First, MI: If owned by another entity(s), then enter the owning entity(s) name and FID(s)	Percent Owned	SSN or ITIN	Date of Birth
Title	Residence Address: Street Number, Name Suite or Unit City, State, Zip		Residence Telephone:
Last, First, MI:	Percent Owned	SSN or ITIN	Date of Birth
Title	Residence Address: Street Number, Name Suite or Unit City, State, Zip		Residence Telephone:
Last, First, MI:	Percent Owned	SSN or ITIN	Date of Birth
Title	Residence Address: Street Number, Name Suite or Unit City, State, Zip		Residence Telephone:

15	Date Business Started in NV:	Date location opened in NV:	16	Do you have employees in Nevada, if so how many?	17	Unemployment Insurance # (ESD/UI):
18	Service Tobacco/OTP* Marketplace Facilitator Marketplace Seller	Retail Sales – New Financial Institution Cannabis Retail * Cannabis Wholesale * Nevada Transportation Authority # &/or Nevada Taxi Cab Authority #:	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS Retail Sales – Used Leasing (other than employees) Peer to Peer Car Sharing		Independent Cannabis Consumption Lounge * Wholesale Live Entertainment Construction/Erection Other: _____	Retail Cannabis Consumption Lounge* Retail Liquor*
19	Describe in detail the nature of your business in Nevada. Include product sold, labor performed and/or services rendered.					

20	NAICS Code: _____ Don't Know? Click Here https://www.census.gov/eos/www/naics/ Preferred Language: _____					
If you have acquired a Nevada Business, Changed Ownership/Business Entity, or have a new Federal Tax Identification number, complete this section:						

Date Acquired/Changed:	Acquired/Changed by (Check all that apply): <input type="checkbox"/> Purchase \$ _____ <input type="checkbox"/> Escrow Company	<input type="checkbox"/> Lease \$ _____ MO <input type="checkbox"/> Other: _____	Portion Acquired/Changed: <input type="checkbox"/> Assets Only <input type="checkbox"/> Property and Assets <input type="checkbox"/> Whole Business and Assets	Are you keeping the Federal Tax Identification number (Y/N): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name(s) of Previous Owner(s):			Previous Owner(s) Business Name:		
Business Address: Street Number, Name Suite or Unit City, State, Zip			Previous Business Sales/Use Tax Permit Number:	Previous Owner(s) ESD/UI Account Number:	

FEES AND SECURITY DEPOSIT

21	Estimated total Nevada monthly receipts:	22	Estimated total Nevada monthly TAXABLE receipts:
23	Reporting cycle (Please indicate filing frequency desired) Sales/Use Tax Consumer Use Tax Certificate of Authority	Taxable sales or purchases exceeding \$10,000 per month or \$30,000 per quarter must report monthly. Monthly Quarterly Annual	
24	Security (See Instructions) <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Surety # _____		
25	Sales Tax Fee (See Instructions)	26	Total Nevada Business Locations:

Nevada Business Registration Form Instructions

Important details are requested on the Nevada Business Registration to aid in the registration process. It is important to respond to all items. Any omission could result in a delay in processing your application.

LINE BY LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION.

1. **Check New Business** if the application is being used to start a new business or if you are making changes to an existing entity (adding a location, changing name or address, etc.) please **Check Update Business**.
2. **Check** whether you are applying for a Sales/Use Tax Permit, Consumer Use Tax Permit or a Certificate of Authority.
3. **Check All Boxes that Apply.**
4. **Business Entity Type:** Indicate entity type.
5. **Nevada Business ID Number:** Enter the number shown on your State Business License or exemption issued by the Secretary of State.
6. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding an FEIN, contact the Internal Revenue Service (IRS) at 1-800-829-4933 or go to <http://IRS.gov/businesses>. If you have applied for your number and have not received it, write "PENDING". If your FEIN changes, you must complete a new Nevada Business Registration.
7. **State & Date of Incorporation:** Enter the date and state in which you incorporated.
8. **Corporate/Entity Name and Nevada Name (DBA):** Enter your corporate/entity name and fictitious firm name that you are doing business as in Nevada.
9. **Corporate/Entity Address, Corporate/Entity Telephone, Email address:** Enter the complete address of the corporation/entity:
Corporate/Entity telephone number: Email address.
10. **Location of Nevada Business Operations, Location Telephone Number, and Business Fax Number:** Enter the location of your business, Telephone Number associated with this location and Business Fax number.
11. **Location Mailing Address, Modified Business Tax Mailing Address:** Enter the address that will be used to mail any licenses, reports, and correspondence relating to your individual location and/or Modified Business Tax.
12. **Commerce Tax Mailing Address:** Enter the address that will be used to mail any licenses, reports, and correspondence relating to Commerce Tax.
13. **Location of Business Records:** Enter the address that your business records will be kept for the location you are referring to on this application.
14. **List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full legal name, home address (street, city, state, and zip code), Social Security Number or Individual Taxpayer Identification Number (ITIN) if you have not been assigned a social security number in the United States. Date of birth, title in the company, percentage of business owned, and telephone number. Attach Additional Sheets if needed. **If you are making changes to the existing owners/officers currently on file with the Department, please check the box, the Department will mail you a "Taxpayer Information Update Form".*
15. **Date business started in Nevada, Date location opened in Nevada:** Enter the date that your business started in Nevada: Enter the date the business will begin operations or did begin operating in Nevada. If you are adding a location please put the date of when the new location will start operations.
16. **Do you have employees in Nevada:** If you have employees that will be or have been working in Nevada, please put the approximate amount of employees you will have or currently have. By answering yes to this question you will need to contact the Employment Security Division (ESD) at (775) 684-0350 (Northern Nevada), (702) 486-0350 (Southern Nevada), (888) 890-8211 (Toll-Free Number), if you have not done so already.
17. **Unemployment Insurance # (ESD/UI):** If you have already established your business with the Employment Security Division place your account number that you received that is referred to as a UI number, in this box. If you have applied but have not received your number then please put "PENDING".
18. **Check all boxes that apply.** If you are applying for retail and or wholesale cannabis tax, you must provide proof of licensing with the Cannabis Control Board.
19. **Describe your business, NAICS (Northern American Industry Classification System) Code:** Please describe the nature of your business. Enter the 6 digit code that pertains to what your business classification is. If you are unsure you can visit <http://www.census.gov/eos/www/naics/> for a list of classification codes.
20. **Have you Acquired this Business, Changed Ownership or Changed your Federal Identification Number?**
Date Acquired/Changed: Put the exact date in which the business was acquired or changed. Acquired/Changed By (Check all that apply): Did you purchase or are you leasing the business? If yes, how much did you purchase the business for or how much are you leasing it for? Please check the Escrow Company box if your transaction to obtain the business went through an escrow company. If other, please specify.
Portion Acquired/Changed: Did you purchase or acquire the assets only, property and assets or the whole business and assets.
Are you keeping the Federal Tax Identification Number: Yes/No. Name of Previous Owner(s), Business Name: Please list all previous owners and the previous business name. Business Address: Please list the address where the business was located under the previous owner. Previous businesses Sales/Use Tax permit number. Previous owners ESD/UI account number.
21. **Estimated total Nevada monthly receipts:** this is the total of all gross receipts from Nevada including wholesale sales, services necessary to complete the sale, exempt sales, etc.
22. **Estimated total Nevada monthly Taxable receipts:** this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, exempt sales, etc.
23. **Reporting Cycle:** Please indicate filing frequency desired. Taxable sales or purchases exceeding \$10,000 per month or \$30,000 per quarter must report monthly. Options may not apply to certain tax types.
24. **Security:** Check the type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, multiply your estimated total Nevada monthly taxable receipts (box 22) by the highest tax rate in Nevada, which is 8.375% as of 01-01-2020. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. A security deposit will not be required if the amount calculated does not exceed \$1,000. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.
25. **Sales Tax Permit Fee:** A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (box 26) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00).
26. **Total Nevada Business Locations:** Number of physical locations in Nevada.

NEVADA BUSINESS REGISTRATION (CONTINUED)

TID:

CONSOLIDATING LOCATIONS

27 Locations can be consolidated if they are the same tax type and filing frequency. Would you like to consolidate this location?
 No Yes, effective Date: _____

28 DEPARTMENT USE ONLY. For SUT accounts – the security demand for the consolidated account:
 \$ _____

29 OTHER INFORMATION

Name of spouse/relative	Address of spouse/relative	Phone number of spouse/relative
Name of other contact	Address of other contact	Phone number of other contact
Accountant/bookkeeper	Address of accountant/bookkeeper	Phone number of accountant/bookkeeper
Responsible local contact	Address of responsible local contact	Phone number of responsible local contact

30 Credit Card Merchant: _____ Entity Bank Account: _____ Personal Bank Account: _____

31 Will you or your business sell and/or lease tangible personal property in Nevada? Tangible personal property is property which may be seen, weighed or measured, felt or touched, or perceptible to the senses (NRS 372.085)? Yes No
If answered yes, you will be registered for Combined Sales/Use Tax. Why? See instruction page.
 Will you be providing only a service in Nevada? Yes No
If answered yes, you will be registered for Consumer Use Tax. Why? See instruction page.
 Anyone selling tobacco products (including but not limited to cigarettes, smokeless tobacco, vapor products, alternative nicotine products and/or cigars) as a manufacturer, wholesaler or retailer, must apply for a separate tobacco product(s) license before they can begin purchasing or selling those products. This application can be found on our website at <http://tax.nv.gov>

Signatures Must be that of a Responsible Party

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.

*Signature of Responsible Party	Print Name and Title	Date
*Signature of Responsible Party	Print Name and Title	Date

FOR DEPARTMENT USE ONLY

Cash Check # _____ ABA # _____ Bank: _____ Branch: _____

Special instruction or additional information:

Add COM tax effective:

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27. **Consolidated?** Would you like to have your locations consolidated for filing purposes? **Consolidation is not available on every tax type administered by the Department of Taxation. Consolidation only means that you consolidate your figures to file a single tax return for your locations rather than individual tax returns. Consolidation with the Department does not require you to consolidate any other portion of your business. ****please note: if no box is checked and you have multiple locations with the same tax type, it will be consolidated.***
28. **Department Use Only – Do NOT mark in this box.**
29. **Other Information:** Please list other authorized contacts. ****Please note:** Removal of spouse/relatives, other contacts, accountant/bookkeepers and/or local contacts must be done in writing and signed by an authorized owner/officer. You may also contact the Department's Call Center for a Taxpayer Update Form to complete these changes.
30. **Credit Card Merchant, Entity Bank Account, Personal Bank Account.** Please enter the name of your credit card merchant, your business bank account number and your personal bank account number.
31. **Questionnaire:** Answering these questions will ensure your business is registered for the proper tax types based on your business factors.

Note: Modified Business Tax (MBT – General Business, Financial Institutions or Mining) is a quarterly tax based on gross wages reported to the Employment Security Division (ESD) on form NUCS 4072. There is an allowable deduction for qualified health insurance plans and wages paid to certain veterans. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency. If you are required to register with ESD for Unemployment (UI) you will be automatically registered with the Department of Taxation for Modified Business Tax (MBT).

To send this form via email, put in the subject line 'Nevada Business Registration' . Departmental email address for forms:
nevadaolt@tax.state.nv.us

Nevada Department of Taxation: Online Registration: <https://www.nevadatax.nv.gov> – **Website:** <http://www.tax.nv.gov>

Call Center	Toll Free Taxation Help Desk	(866) 962-3707
Las Vegas.....	700 E. Warm Springs Rd., • Suite 200 • Las Vegas, NV • 89119	(702) 486-2300
Reno.....	4600 Kietzke Lane • Suite L235 • Reno, NV • 89502	(775) 687-9999
Carson City....	1550 College Parkway • Suite 115 • Carson City, NV • 89706	(775) 684-2000
Carson City Fax#.....		(775) 684-2020

Nevada Employment Security Division (ESD): Online Registration: <https://uitax.nvdetr.org> – **Website:** www.nvdetr.org

Las Vegas	(702) 486-0250	
Reno	(775) 823-6680	
Statewide (Mailing).....	500 E Third Street • Carson City, NV • 89713-0030	(775) 684-6300

Nevada Department of Wildlife: (Industrial Artificial Pond Permit) – **Website:** www.ndow.org

Nevada Secretary of State:

For more information regarding local and state business licensing please visit Nevada's online Business Portal at <https://www.nvsilverflume.gov>.

– KEEP A COPY FOR YOUR RECORDS.