

Thank you for your interest in business licensing with the City of Wells, Nevada. According to Section 3-1-1, it shall be unlawful for any person to engage in or carry on any business, trade, or profession within the City without first procuring the license required for it. Complete Business Licensing Regulations and related information are available upon request.

Below is a checklist to assist you with the licensing process and other agency addresses, phone numbers and web sites that may be helpful. Also attached are forms that need to be returned to the City of Wells prior to issuance of a business license.

\_\_\_ **City License Application** (Enclosed in this packet)

\_\_\_ **City License Information Sheet** (Enclosed in this packet)

\_\_\_ **Child Support Information Sheet** (Enclosed in this packet)

\_\_\_ **Copy of Nevada Sales/Use Tax Permit, Signed City/County Clearance Letter**

Contact Nevada Department of Taxation

4600 Kietzke Lane, Building L, Suite 235

Reno, Nevada 89502

(775) 687-9999

[tax.nv.gov](http://tax.nv.gov)

\_\_\_ **Copy of Nevada State Business License**

\_\_\_ **Copy of Organization Papers: Incorporation, Partnership, LLC** (as applicable)

Contact Nevada Secretary of State

101 North Carson Street, Suite 3

Carson City, Nevada 89701

(775)684-5708

[nvsos.gov](http://nvsos.gov)

\_\_\_ **Copy of Fictitious Firm Name Filing** (if applicable)

Contact Elko County Clerk

Elko County Courthouse, 3<sup>rd</sup> Floor

550 Court Street

Elko, Nevada 89801

(775)753-4600

[elkocountynv.net](http://elkocountynv.net)

\_\_\_ **Copy of Industrial Insurance Certificate**

Contact private insurance agent

Contact Nevada Division of Industrial Relations for State requirements

Worker's Compensation Section

(775)684-7270

[dirweb.state.nv.us](http://dirweb.state.nv.us)

\_\_\_ **Copy of all State Licenses** (Contractors, Cosmetology, Gaming)

\_\_\_ **Certificate of Health Approval** (if applicable)

Contact for health inspection of cafes and bars

Bureau of Health Protection Services

1020 Ruby Vista Drive, Suite 103

Elko, Nevada 89803

(775)753-1138

Fax (775) 753-1140

[health.nv.gov](http://health.nv.gov)

\_\_\_ **Certificate of Building Occupancy**

## City of Wells Annual Business License Fee Schedule

Please remit with license application for each license required. More than one license may be required.

<b>BUSINESS CLASSIFICATIONS</b>	<b>FEES PER YEAR</b>
<b>AMUSEMENTS AND ENTERTAINMENTS</b>	
Theater, Movie Complex, Motion Pictures	
Whose monthly gross sales do not exceed \$1,000	\$ 35.00
Whose monthly gross sales exceed \$1,000	\$ 45.00
Fortune Teller, Clairvoyant, Palmist, Medium, Psychic	\$ 100.00
<b>APARTMENTS</b>	
Less than thirty (30) units	\$ 60.00
More than thirty (30) units	\$ 60.00 plus
Per unit in excess of thirty (30) units	\$ 2.00
<b>BANKING</b>	\$ 45.00
(Examples: Banks, credit unions, other lending institutions)	
<b>BROTHEL</b>	\$1,000.00
<b>COIN OPERATED MACHINES</b>	
(Examples: Musical coin machines, non-gaming machines, merchandise vending machines, food vending machines, laundry machines)	
Per machine	\$ 12.00
<b>CONTRACTOR</b>	
(Examples: Building, Electrical, Plumbing, Roofing, Sign, Excavation, Fencing, Mobile Home Setup)	
	\$ 35.00
Handyman (Per Nevada Revised Statute)	\$ 35.00
Concrete/Redi-Mix Sales and Delivery	\$ 35.00
<b>COSMETOLOGY</b>	
Beauty Shop/Barber Shop (Not to exceed two chairs)	\$ 35.00
For each additional chair	\$ 10.00
Nail Salon (Not to exceed two chairs)	\$ 35.00
For each additional chair	\$ 10.00
Tanning Salon (Not to exceed two beds/booths)	\$ 35.00
For each additional bed/booth	\$ 10.00
<b>EXPLORATION (OIL, MINING)</b>	\$ 35.00
<b>EXPRESS/FREIGHT COMPANIES</b>	\$ 60.00
(Any company having an office, depot, station or agency within the limits of the City of Wells or who is engaged in the business or occupation of receiving express and transporting or delivering within the City of Wells except an agent or agency of the United States)	
(Examples: UPS, Fed-Ex, Motor Carrier)	
<b>HEALTH CLUB/GYMNASIUM/FITNESS CENTER</b>	\$ 35.00

## HOME BUSINESS

All Home Businesses shall pay the license fee for appropriate category.

## HOTELS, MOTELS, INNS, BOARDING HOUSES, BED & BREAKFAST

Less than thirty (30) rooms	\$ 60.00
More than thirty (30) rooms	\$ 60.00 plus
Per unit in excess of thirty (30) rooms	\$ 2.00

## INSURANCE AGENT

(Surety, life, fire, accident, health)

\$ 35.00

## LAUNDRY

Whose monthly gross receipts do not exceed \$1,000 \$ 35.00

Whose monthly gross sales exceed \$1,000 \$ 45.00

(Any person who shall take laundry work to their homes or go to the homes of patrons to do laundry work shall not be required to pay for such license.)

## MOBILE HOME PARK

Less than thirty (30) spaces \$ 60.00

More than thirty (30) spaces \$ 60.00 plus

Per unit in excess of thirty (30) spaces \$ 2.00

## PRINTING OFFICE/NEWSPAPER OFFICE

Whose monthly gross receipts do not exceed \$1,000 \$ 35.00

Whose monthly gross sales exceed \$1,000 \$ 45.00

## PROFESSIONAL

(Examples: Doctor, Chiropractor, Dentist, Pharmacist, Veterinarian, Accountant, Attorney, Architect, Engineer, Surveyor, Plan Reviewer)

\$ 35.00

## REAL ESTATE

(Every real estate agent located within the City of Wells or who solicits in the City of Wells)

Monthly gross commission does not exceed \$1,000 \$ 35.00

Is between \$1,001 & \$5,000 \$ 45.00

Is in excess of \$5,000 \$ 60.00

## RENTALS

Office/Property Rental Space (more than 2 units) \$ 35.00

Storage Sheds/Mobile Storage \$ 35.00

## REPAIR GARAGE (AUTO, EQUIPMENT)

Repair Garage \$ 35.00

Gas/Diesel Fuel Station \$ 35.00

Combination Repair Garage/Gas or Diesel Station \$ 35.00

Auto Salvage/Dismantling \$ 35.00

Mobile Repair Service \$ 35.00

Car Rental Business \$ 35.00

Towing Business \$ 35.00

Car Wash/Truck Wash \$ 35.00

Small Engine Repair Shop \$ 35.00



**RECREATIONAL VEHICLE PARK**

Less than thirty (30) spaces	\$ 60.00
More than thirty (30) spaces	\$ 60.00 plus
Per unit in excess of thirty (30) spaces	\$ 2.00

**RESTAURANTS, CAFES, DRIVE-INS, SHORT ORDER COUNTERS,  
MOBILE FOOD VENDORS, SEMI-PERMANENT CAFES**

\$ 35.00

(Examples: Taco Wagon, Snow Cone Hut, Ice Cream Truck, Java Hut)

**RETAIL**

(Selling goods, wares or merchandise including book /party sales, mobile sales or home arts)

Average monthly sales of less than \$3,000	\$ 35.00
\$3,001 to \$5,000	\$ 45.00
\$5,001 to \$10,000	\$ 60.00
\$10,001 to \$20,000	\$ 86.00
\$20,001 or more	\$120.00

**RETAIL SALES AND SERVICE**

Appliance Sales and Service	\$ 35.00
CB Radio Sales and Service	\$ 35.00
Computer Sales and Service	\$ 35.00
Office Equipment Sales and Repair/Service	\$ 35.00
Gun Sales & Repair	\$ 35.00
Mobile Vehicle Glass Sales and Installation	\$ 35.00
Photography/Portrait Studio and Sales	\$ 35.00
Security System Sales and Service	\$ 35.00

**SCHOOL**

Dance School	\$ 35.00
Martial Arts School	\$ 35.00
Preschool	\$ 35.00
Private Tutoring	\$ 35.00

**SERVICE**

Carpet Installation	\$ 35.00
Carpet Cleaning Service	\$ 35.00
Childcare Service	\$ 35.00
Computer Service/Technician	\$ 35.00
Fire Extinguisher Service	\$ 35.00
Furnace Cleaning	\$ 35.00
Housekeeping/Janitorial Service	\$ 35.00
Landscaping/Lawn Care/Tree Trimming Service/ Sprinkler Installation	\$ 35.00
Locksmith	\$ 35.00
Massage Therapy Service	\$ 35.00
Pet Grooming/Setting/Walking	\$ 35.00
Private Courier	\$ 35.00
Rental Service	\$ 35.00

(Tables & chairs, vehicles or equipment, small machines)

Taxidermy	\$ 35.00
Tattoo Parlor	\$ 35.00
<b>TRANSIENT ITINERANT MERCHANTS AND VENDORS</b>	
(Less than four times per year)	\$100.00 per day
Carnivals, Street Shows, Circus	\$100.00 per day
<b>TRANSPORTATION</b>	
(Every person/company engaged in the transportation of passengers)	\$ 35.00
(Examples: Taxicab service, bus company)	
<b>TRUCKING</b>	\$ 35.00
<b>UTILITY</b>	
Electrical Power	\$200.00
Internet Providers	\$120.00
Recycling/Sanitation Service	\$120.00
Telephone	\$120.00
Television Transmission	\$160.00
<b>WHOLESALE DELIVERY</b>	\$ 35.00
(Those engaged in carrying on, maintaining, pursuing, conducting or transaction by making wholesale deliveries from trucks, conveyances or vehicles, <b>and</b> who does not have a retail business license)	
(Examples: Food, ice, consumable paper products, welding, propane)	
<b>ALL OTHER CLASSIFICATIONS</b>	\$ 35.00

City licenses run on a fiscal year; beginning July 1 each year and expiring on June 30 of the following year. Your first license will expire June 30 and the City does not prorate licenses. All licenses are non-transferable. Return all forms with original signatures to the address below. For more information contact:

**City of Wells**  
**P.O. Box 366, 525 Sixth Street**  
**Wells, NV 89835-0366**  
**Phone (775) 752-3355 Fax (775) 752-3419**  
[wellscityhall@cityofwellsnv.com](mailto:wellscityhall@cityofwellsnv.com)

APPLICATION FOR LICENSE

TO THE HONORABLE BOARD OF COUNCILMEN  
OF THE CITY OF WELLS, IN THE COUNTY  
OF ELKO, STATE OF NEVADA

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )

Pursuant to Title 3 of Wells City Code, the undersigned, being first  
duly sworn, deposes and says:

That I do hereby apply for an Original License to conduct the business  
of

\_\_\_\_\_ at \_\_\_\_\_  
(Type of Business) (Street Address)

in the City of Wells, for the period commencing on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, and terminating on the 30th day of June, 20\_\_\_\_,  
unless renewed. Said license is to be issued in the name of

\_\_\_\_\_  
(Name of Business)

The following are the names and titles of the persons owning or operating said  
business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accordingly, there is \$\_\_\_\_\_ enclosed herewith, as license fee for  
the period above stated.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
City Clerk or Notary Public

**CITY OF WELLS**  
**P.O. BOX 366**  
**525 SIXTH STREET**  
**WELLS, NEVADA 89835-0366**  
**(775) 752-3355 Fax (775) 752-3419**  
[wellscityhall@cityofwellsnv.com](mailto:welscityhall@cityofwellsnv.com)

Please provide the following information for our business license files.

LICENSE REQUIRED \_\_\_\_\_  
(List all that apply; Example: Café, Merchandise, Service Station, Contractor)

BUSINESS NAME (or dba) \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

OWNER NAME (Company, LLC) \_\_\_\_\_

CHIEF CORPORATE OFFICER (President, CEO) \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

OWNER CITY, STATE & ZIP \_\_\_\_\_

OWNER PHONE \_\_\_\_\_

MANAGER NAME \_\_\_\_\_

NEVADA SALES TAX NUMBER \_\_\_\_\_

NEVADA STATE BUSINESS LICENSE NUMBER \_\_\_\_\_

NEVADA CONTRACTOR'S NUMBER \_\_\_\_\_

MONTHLY SALES VOLUME \$ \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

NUMBER OF UNITS \_\_\_\_\_ ROOMS/SPACES \_\_\_\_\_ CHAIRS \_\_\_\_\_

MACHINES: COIN OP \_\_\_\_\_ SLOTS \_\_\_\_\_ VENDING \_\_\_\_\_

VIDEO \_\_\_\_\_

NEVADA STATE INDUSTRIAL INSURANCE ACCT. NO. \_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

\_\_\_\_\_

## CHILD SUPPORT INFORMATION

Federal Welfare Reform as implemented by the 1997 Session of the Legislature by Senate Bill 356 requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and for renewals.

Please mark the appropriate response. Failure to mark one of the three will result in denial of the application.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or 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; or
- I am subject to a court order for the support of one or more children and 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 Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date