



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

Physical Address _____
 Street City State Zip

Business Phone Number _____ Business Fax Number: _____

Electronic Mail Address: _____ FEIN: _____
 (If Applicable)

Reason for Submittal	Business Type	Dealer (Business Activity)	Schools (Business Activity)	Emission Control (Business Activity)	
<input type="checkbox"/> Original Application <input type="checkbox"/> Additional Location <input type="checkbox"/> Additional Activity <input type="checkbox"/> Deleting Activity: _____ <input type="checkbox"/> Duplicate License <input type="checkbox"/> Change of Principal(s) <input type="checkbox"/> Change of Corporation <input type="checkbox"/> Change of Curriculum <input type="checkbox"/> Change of Class Schedule <input type="checkbox"/> Change of address <input type="checkbox"/> Change of Business Name Previous Name: _____	<input type="checkbox"/> Dealer <input type="checkbox"/> Off-Highway Vehicle <input type="checkbox"/> Rebuilder <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Wrecker <input type="checkbox"/> Salvage Pool <input type="checkbox"/> Transporter <input type="checkbox"/> Schools <input type="checkbox"/> Emission Control <input type="checkbox"/> Body Shop <input type="checkbox"/> Class A <input type="checkbox"/> Broker <input type="checkbox"/> Garage # of Mechanics: _____ Type of Repairs: _____ _____	<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"/> Long Term Lessor <input type="checkbox"/> Short Term Lessor <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live Auction <input type="checkbox"/> Internet Auction	<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"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> DUI School <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet	<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	
		<input type="checkbox"/> Off-Highway Vehicle (OHV) (Business Activity)	<input type="checkbox"/> New OHV <input type="checkbox"/> Used OHV <input type="checkbox"/> OHV Long Term Lessor <input type="checkbox"/> OHV Short Term Lessor <input type="checkbox"/> OHV Manufacturer		<input type="checkbox"/> Wrecker (Business Activity)
		<input type="checkbox"/> Electronic Notification			
				<input type="checkbox"/> Salvage Pool <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live Auction <input type="checkbox"/> Internet Auction	

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

Individual Partnership LLP LLC Corporation Incorporated in State of _____

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: _____

For Garage Registration Only: Additional Location(s)

Name of Business	Address	Phone Number and Manager's 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 Signature _____ Title _____ Date _____

State of Nevada
 County of _____
 Subscribed and sworn to before me this _____ day of _____, 20____ by _____

 Notary Public *or* Authorized Nevada DMV Representative Signature

 Notary seal