CITY OF CARLIN
101 S. 8th Street
PO Box 787
Carlin, Nevada 89822

775-754-6354
775-754-6912 FAX
www.cityofcarlin.com

CARLIN BUSINESS LICENSE APPLICATION

In accordance with the City Code, 5-1-1, I hereby apply for a business license, permitting the carrying on of _____, in the City Limits of Carlin, Nevada. Such business will begin operation on the _____day of the month of _____, 20.__. I hereby promise that if said license is granted, the license shall and will comply with all the Ordinances of the City of Carlin now in effect or which may hereafter be enacted for the regulation and control of such business.

Corporate/Entity Name:_____

Physical Address:_____
Street City/State Zip

Mailing Address:_____
P.O. Box/Street City/State Zip

Phone Number(s):_____
Business Home/Cell Fax

Nevada Dept. of Taxation Sales Tax # or Clearance Letter_____

State of Nevada Business License Number (if applicable):_____

Contractor's License number (if applicable):_____

Note – If your business is going to be conducted in a building in the City of Carlin an inspection must be performed by the Building Department before your license is granted.

If your business is going to be conducted from your home, you might be required to obtain a "Home Occupation Special Use Permit."

License Fee:_____

Description of Business Operation:_____

_____

I certify that the information provided is true, correct and complete to the best of my knowledge and belief. Signatures must be original and that of the responsible party.

_____

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