



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Nevada State Business License

Sole Proprietor and General Partnership

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Type of license filing:	Check the action being taken with this filing: <input type="checkbox"/> Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation (If amending a license, please mark the appropriate section below to be changed.) Type of State Business License being filed: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership	Changes:																
2. Name of Applicant, Member, Owner or Partner:	<table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>First Name</td><td>Middle Initial</td><td>Last Name</td><td>Suffix</td></tr></table> <p>Additional Partner or Spouse (if spouse is to be listed on license - sole proprietor only)</p> <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>First Name</td><td>Middle Initial</td><td>Last Name</td><td>Suffix</td></tr></table> <p>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 in the Office of the Secretary of State. I understand that this is the name that will be listed as the sole proprietor on the State Business License.</p> <p>X <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature of Applicant, Member, Owner or Partner Date Title</p> <p>X <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature of Partner or Spouse Date Title</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First Name	Middle Initial	Last Name	Suffix	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First Name	Middle Initial	Last Name	Suffix	<input type="checkbox"/> <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
First Name	Middle Initial	Last Name	Suffix															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
First Name	Middle Initial	Last Name	Suffix															
3. Nevada Business ID number: (Required if renewing, amending or canceling)	Nevada Business Identification Number (NVID) located on the State Business License: <input type="text"/>																	
4. Transacting business name(s): (Required for Partnership license. Sole proprietor optional)	Name under which applicant transacts or intends to transact business: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>																
5. Business Address:	<table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Physical Street Address (required)</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr></table> <p>Country <input type="text"/></p> <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Mailing Address (only if different from above)</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr></table> <p>Country <input type="text"/></p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Physical Street Address (required)	City	State	Zip/Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mailing Address (only if different from above)	City	State	Zip/Postal Code	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Physical Street Address (required)	City	State	Zip/Postal Code															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Mailing Address (only if different from above)	City	State	Zip/Postal Code															
6. Additional contact information:	Email address: <input type="text"/> Phone number: <input type="text"/>	<input type="checkbox"/>																

This form must be accompanied by \$200.00 filing fee.



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ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!
This section will be destroyed after the payment is processed.