



Sole Proprietor and General Partnership

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.)			Changes:
	Type of State Business License being filed: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership			
2. Name of Applicant, Member, Owner or Partner:	<div><input type="text"/><input type="text"/><input type="text"/><input type="text"/> First Name Middle Initial Last Name Suffix</div> <div>Additional Partner or Spouse (if spouse is to be listed on license - sole proprietor only) <input type="text"/><input type="text"/><input type="text"/><input type="text"/> First Name Middle Initial Last Name Suffix</div> <div>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.</div> <div>X <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Signature of Applicant, Member, Owner or Partner Date Title</div> <div>X <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Signature of Partner or Spouse Date Title</div>			<input type="checkbox"/>
				<input type="checkbox"/>
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:	<div><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Physical Street Address (required) City State Zip/Postal Code</div> <div>Country <input type="text"/></div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Mailing Address (only if different from above) City State Zip/Postal Code</div> <div>Country <input type="text"/></div>			<input type="checkbox"/>
6. Additional contact information:	Email address: <input type="text"/> Phone number: <input type="text"/>			<input type="checkbox"/>