



Lyon County Business License Division
27 S. Main Street
Yerington, NV 89447
(775) 463-6501 | Businesslic@lyon-county.org

Staci Lindberg
Clerk/Treasurer

LYON COUNTY BUSINESS LICENSE CHECK LIST

The following information is required to complete your Lyon County Business License application:

- ☐ **BEFORE APPLYING:** Per Lyon County Code 5.01.02, Nonprofit Service Organizations are exempt from obtaining a Lyon County Business License. We also kindly ask that you please contact the Lyon County Planning Department to make sure that your business is allowed in your particular zone at (775) 463-6592.
- ☐ **State Of Nevada Business License:** All businesses wishing to operate in Lyon County must provide a copy of the state business license, confirmation letter or compliance letter with your application. Please visit the Secretary of State's website at www.nvsos.gov or apply online at www.nvsilverflume.gov, or call (775) 684-5708.
- ☐ **State of Nevada Occupational Licensing:** Certain occupations operating in the State of Nevada are required to obtain a Trade License (i.e. Contractors, Cosmetologists, Real Estate Brokers, Finance Companies, Marijuana Dispensaries, etc.) This licensing must be obtained prior to applying for your Lyon County Business License and a copy must be attached to your application.
- ☐ **State Sales/Use Tax Permit:** All applicants must provide a copy of a Nevada Sales or Use Tax Permit, a copy of the compliance letter or exemption letter. You can contact the Nevada Department of Taxation at their website at www.tax.state.nv.us or apply online at www.nvsilverflume.gov or by phone at (866) 962-3707, opt 8.
- ☐ **Fictitious Firm Name form:** This is a required form for every person, corporation, LLC or entity doing business as any other name other than the owner name listed on your State Business License. Please complete showing owners listed on your State of Nevada documentation and with the original, notarized signature(s) that apply in your case. **A separate check for the \$25.00 filing fee must be included.**
- ☐ **State Industrial Insurance form:** This is a required form that must be properly completed and with an original signature of an owner/corporate officer/LLC member.
- ☐ **Inspections:** All businesses within Lyon County may require inspections from the Building Dept, Fire Dept, Utility Dept, zoning verification and approval from the Lyon County Planning Department. **It is the applicant's responsibility to contact and schedule the inspections with the planning department** by calling 775-463-6592 or emailing sjuntunen@lyon-county.org. Any business licenses involving food will not be able to schedule inspections until a State Health Department sign off has been obtained. **ALL APPLICABLE SIGNATURES MUST BE OBTAINED BEFORE YOUR APPLICATION CAN BE PROCESSED.**
- ☐ **Child Support Form(s):** This is a required form which must be properly completed and signed by all members/owners listed on your State of Nevada documentation.
- ☐ **Emergency Responder Form:** This is a required form which must be properly completed and signed for all commercial/industrial locations in Lyon County. Home Based Businesses are not required to fill this out.
- ☐ **Application Fee:** **A \$37.50 nonrefundable application fee shall accompany initial application.** Proper business license fees will be calculated and required at time of issuance of license once approved. Please contact our office for final amount.
- ☐ **Other Important Information:** Business Licenses are valid for a single business and is non-transferable. Billing statements (renewal notices) are mailed out in June of each fiscal year. This is the only bill you will receive. All regular business license fees are due July 1st, with a 15 day grace period before a penalty of 15% will be applied. Per Lyon County Code 5.01.04 Item B, Failure to receive notice from the department is not a defense or excuse for non-payment of the license fee. If you do not wish to renew your business license in Lyon County, you must furnish us a written statement prior to expiration date, in order for us to close the account. Failure to adhere to the above or filled out forms that are unreadable will result in document package being returned to you to be corrected and resubmitted.



Please return application to:
Lyon County Business License Division
27 S. Main Street
Yerington, NV 89447
(775)463-6501 | Businesslic@lyon-county.org

LYON COUNTY BUSINESS LICENSE APPLICATION

Owner/Entity Name _____
FFN/DBA Name _____
Corporate/Entity Address _____
Location of Lyon County operation _____
Mailing Address _____
Federal Tax ID # _____ Date on which business will open _____
Business Phone _____ Fax _____ Email _____
Assessor's parcel _____ Total # of Employees including Owners & Officers _____
State Business License # _____ State Sales/Use Permit # _____
MFG Housing S & I Cert # _____ NV State Contractors Lic # _____
Classification _____ Limit _____ NAICS Code _____

List all owners, partners, corporate officers, managers, members, etc. Attach additional sheets if necessary.

Last, First, MI _____ Title _____

Residence Address _____

Last, First, MI _____ Title _____

Residence Address _____

Silver Springs Mutual Water Co. Approved () Denied () _____
Signature of Inspector

State of Nevada Health Department Approved () Denied () _____
Signature of Inspector

Fire Department Approved () Denied () _____
Signature of Inspector

Utilities Department Approved () Denied () _____
Signature of Inspector

Planning Department Approved () Denied () _____
Signature of Inspector

Building Department Approved () Denied () _____
Signature of Inspector

Zoning _____ Approved () Denied () _____
And 2003 IBC Building Occupancy Classification _____
Signature of Inspector

Describe in detail the nature of your business in Lyon County, including product sold, labor performed and/or services rendered:

We ask that you visit our website and read the following codes carefully as it contains important account Renewal, Suspension and Revocation information;

Lyon County Code 5.01.11: LICENSE RENEWAL; WHEN NEW APPLICATIONS REQUIRED

- https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty_nv/0-0-0-1970

Lyon County Code 5.01.12: SUSPENSION AND REVOCATION OF STANDARD BUSINESS LICENSE; GROUNDS; PROCEDURE

- https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty_nv/0-0-0-1974

I CERTIFY AND DECLARE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AS WELL AS ACKNOWLEDGE THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

****Signatures must be that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor/owner, corporate officer and managing member and must match names listed on State of Nevada Documentation.**

Signature of Responsible Party

Title

Date

Printed Name of Signatory

Signature of Responsible Party

Title

Date

Printed Name of Signatory

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

Lyon County Clerk Treasurer, 27 South Main Street
Yerington, NV 89447 (775) 463-6501

*** * (This Form MUST be Notarized) * ***

The Undersigned do hereby certify that _____ is/are
(name of person, partners or corporate name)
conducting a _____ business at _____
(nature of business) (physical business location)
Nevada, under the fictitious firm name
of _____ and that said firm is composed of the
(business name)
following person(s) whose name(s) and address(s) as follows, to wit:

1) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X _____
(Signature of: owner, partner or authorized officer)

2) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X _____
(Signature of: owner, partner or authorized officer)

3) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X _____
(Signature of: owner, partner or authorized officer)

4) _____
Name of person, partners or corporate officer

MAILING address

City, State, Zip

X _____
(Signature of: owner, partner or authorized officer)

STATE OF NEVADA }
COUNTY OF LYON } ss.
}

ON this _____ day of _____, 20____, before me personally appeared _____

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that
executed the same freely and voluntarily, and for the uses and purposes therein stated.

In Witness whereof, I have hereunto set my hand and affixed my official seal this _____ day of _____, 20____

Notary Public/Deputy County Clerk
Lyon County, Nevada

\$25.00 filing fee

Return Original

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	Type of Business	Business Telephone Number	
Business Address	City	State	Zip Code
Federal Identification No.	Social Security No.	Contractor's Board License No.	
Name of Principal Owner (Please Print)		Principal Owner's Telephone No.	
Principal Owner's Address	City	State	Zip Code

Identified as: (Complete one section only)

() That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage	Account Number
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() That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

() That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date	Certificate Number
-----------------------	---------------------------

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): () Individual () Sole Proprietor () Partnership () Corporation

Name of Applicant (Please Print)	Applicant's Telephone No.		
Applicant's Residence Address	City	State	Zip Code

I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
--	--------------------------

Witness Signature - (Business License Office Employee)	Name of City or County
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If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____.

_____ NOTARY PUBLIC	D-25(1) (rev. 3/01)
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INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.



CHILD SUPPORT INFORMATION

(Must be completed and signed by ALL members listed on State of Nevada Business License)

Date: _____ Employer: _____

Name (Please print): _____

Home Address: _____
(Number and Street) (City) (State) (Zip Code)

Date of Birth: _____ Social Security #: _____

Mark ONE of the three appropriate statements with an "X". Your work permit will not be processed if you do not answer one of the following:

☐ I am not subject to a court order for child support.

☐ I am in compliance with a court order of repayment plan for child support. ("In compliance" means you have paid the entire amount ordered every month.)

☐ I am not in compliance with a court order or repayment plan for child support. This means you have been court ordered to pay child support and you have not been making payments.

Applicant's Signature

The court order or repayment plan must be approved by the District Attorney's Office or other public agency enforcing the order.



LYON COUNTY SHERIFF'S DEPARTMENT- 911 COMMUNICATIONS DIVISION
RESPONSIBLE PARTY REPORT
(775) 463-6620

INSTRUCTIONS: This report will assist the 911 Communications Center with making appropriate contacts in the event that your business or building is involved in a criminal-event or other emergency incident. Please take a few moments to fill out this form and return it to:
Lyon County Sheriff's Department- 911 Communications Division

BUSINESS NAME:			
PHYSICAL ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP
MAILING ADDRESS (NUMBER AND STREET) SAME AS ABOVE	CITY	STATE	ZIP
BUSINESS NUMBER	BUSINESS NUMBER	BUSINESS FAX	

RESPONSIBLE PARTY INFORMATION

Please list the names and telephone numbers of personnel that we can contact in the event there is criminal activity or other emergency at your business

NAME	HOME TELEPHONE	CELL PHONE	OTHER PHONE

PAY TELEPHONE INFORMATION

Please indicate if your business has public pay telephones, if so please provide us with the telephone number and location of each phone.

☐ This information helps us determine where to send help in the event that 911 is called from a pay phone
☐ our business has no pay phones

NUMBER	LOCATION

Do you have any other information about your business that we would need to know to ensure your safety as well as the safety of responding emergency services personnel?

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(775) 463-6501 | Businesslic@lyon-county.org

STACI LINDBERG
Clerk & Treasurer

LYON COUNTY BROTHEL LICENSE INSTRUCTIONS AND CHECKLIST

BEFORE AN APPLICATION FOR A LYON COUNTY BROTHEL LICENSE CAN BE PLACED ON THE AGENDA OF THE LICENSING BOARD, THE FOLLOWING REQUIREMENTS MUST BE MET:

PLEASE COMPLETE THIS SECTION AND TURN INTO OUR OFFICE FIRST

EACH APPLICANT, SPOUSE, PARTNER OR INDIVIDUAL HAVING A 5% INTEREST OR MORE IN THE BUSINESS MUST SUBMIT A SEPARATE COMPLETED APPLICATION PACKET.

- ___ FILL OUT THE BROTHEL LICENSE APPLICATION AND HAVE IT NOTARIZED.
- ___ FILL OUT THE FINANCIAL REPORT AND HAVE IT NOTARIZED.
- ___ COMPLETE A BANK CONFIRMATION FORM FOR EACH BANK, SAVING & LOAN OR REAL ESTATE OFFICE NAMED IN THE FINANCIAL REPORT.
- ___ SUBMIT PROOF OF PROPERTY OWNERSHIP OR A CURRENT LEASE AGREEMENT.
- ___ REPORT TO A LYON COUNTY SHERIFF'S OFFICE FOR FINGERPRINTING AND PHOTOGRAPHS
- ___ SIGN THE ATTACHED WAIVER AND LIABILITY RELEASE
- ___ RETURN THE ABOVE DOCUMENTS TO THIS OFFICE ALONG WITH AN INVESTIGATION FEE OF \$6,000.00 FOR EACH APPLICANT. **(MAKE THIS CHECK OUT TO LYON COUNTY SHERIFF'S DEPARTMENT)**

WHILE THE BACKGROUND CHECK IS BEING DONE, COMPLETE THE BUSINESS LICENSE REQUIREMENTS.
(FOLLOW THE INSTRUCTIONS THAT ACCOMPANY THOSE FORMS.) THIS IS ALSO THE TIME YOU MEET WITH THE LYON COUNTY SHERIFF FOR YOUR PERSONAL INTERVIEW.

ONCE ALL THE BUSINESS LICENSE REQUIREMENTS ARE MET, RETURN ALL PAPERWORK TO THIS OFFICE WITH THE FOLLOWING:

- ✓ THE QUARTERLY FEE FOR THE BROTHEL LICENSE ARE AS FOLLOWS:

1-20 ROOMS	\$19,800.00
21-40 ROOMS.....	\$23,100.00
41 OR MORE ROOMS.....	\$26,400.00

ONCE INVESTIGATION IS COMPLETED AND APPROVED BY THE SHERIFF'S OFFICE AND ALL THE BUSINESS LICENSE REQUIREMENTS ARE MET, A TEMPORARY BROTHEL AND BUSINESS LICENSE CAN BE ISSUED TO OPEN, PENDING BOARD APPROVAL AT THE NEXT MEETING.

**FAILURE TO FOLLOW THESE INSTRUCTIONS COULD CAUSE CONSIDERABLE DELAY IN THE
PROCESSING OF YOUR LICENSE.**

A COPY OF THE LYON COUNTY BROTHEL CODE IS AVAILABLE ONLINE AT WWW.LYON-COUNTY.ORG OR FROM OUR OFFICE. SHOULD YOU HAVE ANY PROBLEMS OR QUESTIONS, PLEASE CONTACT:

Lyon County Sheriff's Office
Sheriff Brad Pope
(775) 463-6600
bpope@lyon-county.org

or

Clerk Treasurer's Office
Business License Division
(775) 463-6501
businesslic@lyon-county.org

STATE OF NEVADA
COUNTY OF LYON
APPLICATION TO OPERATE A HOUSE OF PROSTITUTION
(If spaces provided are insufficient attach signed supplemental statement)

1. Name of Business: _____

2. Names, ages and addresses of all persons who have or will have financial interest in the operation:

a. _____

Name	Age	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____

b. _____

Name	Age	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____

c. _____

Name	Age	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____

3. Names, ages and addresses of all persons who are or will be personally responsible for the conduct and management of the operation.

a. _____

Name	Age	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____

b. _____

Name	Age	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____

c. _____

Name	Age	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____

4. A recent photograph and complete set of fingerprints of all persons listed in 2 & 3 must be attached to this application.

5. Names and addresses of every other business in which the applicant has any financial interest, including the type of such business and the nature of the applicant's interest:

a. _____

Business name and address	
_____	_____
Type of Business	Nature of interest
_____	_____

b. _____

Business name and address	
_____	_____
Type of Business	Nature of interest
_____	_____

c. _____

Business name and address	
_____	_____
Type of Business	Nature of interest
_____	_____

6. Names and addresses of all employers of the applicant in the preceding ten (10) years:

a.	Name	Address
b.	Name	Address
c.	Name	Address
d.	Name	Address
e.	Name	Address
f.	Name	Address
g.	Name	Address

7. All applicant's addresses for the preceding ten (10) years:

a.	Street	City, State, Zip
b.	Street	City, State, Zip
c.	Street	City, State, Zip
d.	Street	City, State, Zip
e.	Street	City, State, Zip

8. List all prior arrests and convictions for any crime, excluding minor traffic violations:

a.	Offense	City & State	Date
b.	Offense	City & State	Date
c.	Offense	City & State	Date
d.	Offense	City & State	Date

9. Complete fully the attached financial statement.

10. Attach a legal description of the property upon which the proposed operation is to be conducted, together with copies of all deeds, mortgages, deeds of trust, liens, or other encumbrances, leaseholders interests, or other interests relating to said property.

This application must be complete and truthful to the best of your knowledge. Upon completion of application, it must be presented to the Lyon County Clerk, who shall present it to the Board of County Commissioners at the time of the next regular meeting. Upon the Board's review, applicants will be required to appear before the Sheriff of Lyon County for a personal interview.

Five days before the expiration date of any license, the licensee shall apply to the Sheriff of Lyon County, on forms provided, for a renewal.

I Hereby Certify that all statements made in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to any license for a House of Prostitution issued by the Board of Lyon County Commissioners.

(Signature of Applicant)

(Signature of Applicant)

(Signature of Applicant)

(Signature of Applicant)

STATE OF NEVADA }
 SS
COUNTY OF _____}

On this _____ day of _____ 20 _____, personally appeared before me, a Notary Public, In and for the County of _____, known (or proved) to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he (she or they) executed the same freely and voluntarily and for the purposes and uses therein mentioned.

In Witness whereof, I have hereunto set my official seal at my office in said County the day and year in this certificate first above written.

Notary Public

My commission expires

BANK CONFIRMATION FORM

Date _____

TO: NAME OF BANK

ORIGINAL
To be retained by BankDUPLICATE
To be mailed to Lyon
County ClerkLYON COUNTY CLERK AND TREASURER
27 S MAIN ST
YERINGTON, NV 89447

Dear Sirs: Kindly complete this report & return it directly to the Accountant named at left. If answer to any item is NONE, please so state.

Thank you,

DEPOSITOR_____
AUTHORIZED SIGNATURE☐ Confirmation of bank balances only item 1 is required

Note: If the space provided is inadequate, please enter totals hereon and attach a statement giving full details called for by the below columnar headings.

THIS SECTION FOR BANK USE

This report covers all accounts ☐ With this office ☐ With this office and all other domestic offices.

All figures below reflect our records as of the close of business _____

1. We hereby report that our records showed the following balances in the total amount of \$ _____ to the CREDIT of

DEPOSITOR

AMOUNT	ACCOUNT NAME AND NUMBER	IF BALANCE SUBJECT TO WITHDRAWL BY CHECK	INTEREST RATE IF ANY

2. The above depositor was directly liable to us in respect of loans, acceptances, etc., in the total amount of \$ _____, as follows:

AMOUNT	DATE OF LOAN OR DISCOUNT	DUE DATE			DESCRIPTION OF LIABILITY, LIENS, COLLATERAL, ENDORSERS, ETC
			RATE	PAID TO	

3. Depositor was contingently liable as endorser of notes discounted and/or as guarantor in the total amount of \$ _____, as follows:

AMOUNT	NAME OF MAKER	DATE OF NOTE	DUE DATE	REMARKS

4. Other direct or contingent liabilities, relative collateral and open letter of credit, in the total amount of \$ _____, as follows:

--	--

DATE_____
BANK_____
AUTHORIZED SIGNATURE

STATE OF NEVADA, COUNTY OF LYON
PERSONAL FINANCIAL QUESTIONNAIRE

Name _____

Date _____

Address _____

Submitted in connection with application for A LYON COUNTY HOUSE OF PROSTITUTION LICENSE.

Trade Name

1. Do you anticipate at this time active participation in the management and operation of the BROTHEL establishment?

Yes ☐ No ☐

2. Amount to be invested in the business \$ _____

3. Investment will be financed in the following manner:

4. Has your interest in the BROTHEL establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold either in part or in whole? Yes ☐ No ☐

5. Have you ever filed bankruptcy? Yes ☐ No ☐ If yes, furnish particulars on separate sheets.

Have you been associated as an officer, director, stockholder, partner or sole proprietor with any business entity that has filed for protection under the federal bankruptcy law? Yes ☐ No ☐

6. Last Federal Income Tax Return was filed _____, 20____ for year _____ at:
(City) _____, (State) _____

Applicants are advised that Federal Income Tax Returns will be required during the licensing investigation.

7. Do you own or control any assets of liabilities for another person or entity? Yes ☐ No ☐

8. Do you control, manage or hold in trust any assets or liabilities for another person or entity? Yes ☐ No ☐

9. Annual Salary \$ _____ Describe other income and annual amount.

	\$
	\$
	\$
	\$
	\$
	\$

Applicant's Initials _____

STATEMENT OF ASSETS

As of _____, 20_____

(Describe Fully – If additional space is required, attach supporting schedules.)

Current Assets	Cost	Markets
Cash on hand	\$	\$
Cash in Safe-Deposit Box	\$	\$
Cash in Location of Box	\$	\$
Cash in Name, Bank and Branch	\$	\$
Cash in Name, Bank and Branch	\$	\$
Accounts and Notes Receivable	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other Current Assets	\$	\$
	\$	\$
	\$	\$
	\$	\$
Investments	\$	\$
Stock, Bonds, Partnerships, Business Investments, Etc.	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Fixed Assets	\$	\$
Real Estate (Give location or address of each parcel)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other Assets	\$	\$
Automobiles, personal property, etc.	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL ASSETS	\$	\$

Applicant's Initials _____

STATEMENT OF LIABILITIES
(If additional space is required, attach supporting schedules)

Current Liabilities	Original Amount	Present Bal.
Accounts Payable (Credit Cards, etc.)	_____	_____
Taxes Payable	_____	_____
Notes payable (List each lender separately, how secured, and monthly payments due thereon)		
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
Mortgages payable (List each mortgage or note secured by deed of trust separately, how secured, and monthly payments due thereon)		
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
Other Liabilities (Describe)		
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
TOTAL LIABILITIES	\$	\$

<u>NET WORTH</u>		
TOTAL ASSETS	\$	\$
TOTAL LIABILITIES	\$	\$
NET WORTH	\$	\$

FINANCIAL STATEMENT
Setting Forth Assets and Liabilities
Of Undersigned As of _____, 20_____
(If space below is insufficient attach signed supplemental statement)

ASSETS		LIABILITIES	
Stocks and Bonds (give description)	\$	Borrowed on Stocks and Bonds	\$
Real Estate (give description)		Borrowed or Due on Real Estate	
1.	\$	1.	\$
2.		2.	
3.		3.	
4.		4.	
5.		5.	
Notes Receivable		Notes Payable	
Accounts Receivable		Accounts Payable	
Other Assets		Other Liabilities	
		Total Liabilities	\$
		Total Assets	\$
TOTAL	\$	NET WORTH	\$

IN WITNESS WHEREOF, I hereunto subscribe my name this _____ day of _____ A.D., 20_____

Witness

Applicant

STATE OF NEVADA }
 SS
COUNTY OF _____}

On this _____ day of _____ 20 _____, personally appeared before me, a Notary Public, In and for said County of _____, known (or proved) to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he (she) executed the same freely and voluntarily and for the uses and purposes therein mentioned.

In Witness whereof I have hereunto set my official seal at my office in said County the day and year in this certificate first above written.

Notary Public

My commission expires



BACKGROUND INVESTIGATION WAIVER AND LIABILITY RELEASE

In consideration for the processing of my application for a

_____, I _____

do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the County of Lyon, the Lyon County Sheriff's Office, its officers, agents or employees and any and all persons or entities who shall furnish any information or opinions to the above designated persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, any person or entity contacted by Lyon County, the Lyon County Sheriff's Office, its officers, agents or employees, during the course of my background investigation, to furnish to said persons or entities any and all information that they may have, including any confidential or privileged information, pertinent to a background investigation of my personal and business life for the purpose of obtaining the aforementioned license.

INVESTIGATION DISCOVERY WAIVER

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever that may occur to myself, my heirs or my personal representative(s).

Dated this _____ day of _____, 20_____.

Signed: _____

Subscribed and sworn to before me
this _____ day of _____, 20____,
by _____.

Notary Public



AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes the Lyon County Sheriff's Office or its agents to receive and record any information pertinent to a background investigation of my personal and business life for the purpose of doing business in Lyon County as a _____ This authorization is limited for use only for official purposes and is not to be used or information supplied to any private or unauthorized agency.

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of descriptions which identify the subject and notation of arrest, detention, indictments, information or other formal charges and dispositions of charges, including dismissals, acquittals, convictions, correctional supervision and release.

Print Name

Signature of Applicant

Date

Date of Birth

Social Security Number

TYPE OF IDENTIFICATION PRODUCED:

Driver License Number _____ State _____ Expiration Date _____

Identification Card Number _____ State _____ Expiration Date _____



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by _____
(name of requesting agency) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize _____ (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

Last Name

First Name

Middle

ADDRESS:

PLEASE PRINT

Applicant's Signature:

Date:

Submitting Agency:

Address:

Agency Representative:

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature:

Date:
