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 _____ **And 2003 IBC Building Occupancy Classification**	**Approved ( )**	**Denied ( )**	_____ **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)
_____ Nevada, under the fictitious firm name
(physical business location)
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 }
} ss.
COUNTY OF LYON }

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**

( ) 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**

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

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.

AType 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.

LYON COUNTY SHERIFF

Brad Pope
Sheriff

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 ii to:

Lyon County Sheriff's Department- 911 Communications Division

BUSINESS NAME:			
PHYSIC AL /IDDRESS (NUMBER AND STREET)	CIT Y	STATE	ZIP
MAILING ADDRESS (NUMBER AIJD STREET) 0 SAME AS ABOVE	CITY	STATE	ZIP
BUSINESS IIUMBER	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 emergen cy 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 safely of responding emergency services personnel?

OFFICE OF THE

CLERK & TREASURER

27 SOUTH MAIN STREET
YERINGTON, NEVADA 89447
(775) 463-6501

STACI LINDBERG
CLERK & TREASURER

LYON COUNTY LIQUOR LICENSE INSTRUCTIONS AND CHECKLIST

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

PLEASE COMPLETE THIS SECTION AND TURN IN TO OUR OFFICE FIRST

EACH APPLICANT, SPOUSE, OR INDIVIDUAL HAVING AN INTEREST IN THE BUSINESS WHOSE NAME YOU WISH TO HAVE ON THE LIQUOR LICENSE MUST SUBMIT A SEPARATE COMPLETED APPLICATION.

___ FILL OUT THE LIQUOR LICENSE APPLICATION AND HAVE IT NOTARIZED.

___ 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 $80.00 FOR THE FIRST APPLICANT AND $80.00 FOR EACH ADDITIONAL APPLICANT. (**MAKE THIS CHECK OUT TO LYON COUNTY TREASURER)**

While the background check is being done, complete the business license requirements.
(follow the instructions that accompany those forms)

Once all the Business license requirements are met, return all paperwork to this office with the following:

- ✓ ONE-TIME START-UP FEE **(MAKE THIS CHECK OUT TO LYON COUNTY TREASURER)**
  - SALOON / ON-OFF SALE / PACKAGED GOODS $1,500.00
  - BEER AND WINE ONLY ..... $ 750.00
- ✓ AND THE QUARTERLY FEE FOR THE BUSINESS AND LIQUOR LICENSE
  - QUARTERLY BUSINESS LICENSE FEE, PER SCHEDULE ON FORM ....._____
  - QUARTERLY LIQUOR LICENSE FEE....._____
    ($337.50-SALOON; $300.00-RETAIL; $225.00-BEER & WINE; $30.00-CATERING)

BACKGROUND INVESTIGATION MAY TAKE UP TO SIX (6) WEEKS, BUT ONCE COMPLETED, IF APPROVED AND ALL THE BUSINESS LICENSE REQUIREMENTS ARE MET, TEMPORARY LIQUOR AND BUSINESS LICENSES MAY BE ISSUED TO BEGIN BUSINESS OPERATIONS, PENDING BOARD APPROVAL AT THE NEXT REGULAR MEETING.

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

The ***"SPECIAL TAX REGISTRATION AND RETURN"*** must be sent directly to the Department of the Treasury

A COPY OF THE LYON COUNTY LIQUOR CODE IS AVAILABLE ONLINE AT WWW.LYON-COUNTY.ORG OR FROM OUR OFFICE FOR YOUR INFORMATION. SHOULD YOU HAVE ANY PROBLEMS OR QUESTIONS, THIS OFFICE WILL BE GLAD TO ASSIST YOU IN WHATEVER WAY WE CAN TO SEE YOU OBTAIN YOUR LICENSE IN A TIMELY MANNER.

Businesslic@lyon-county.org PH: (775) 463-6501 Fax: (775) 463-5305

STATE OF NEVADA, COUNTY OF LYON
LIQUOR LICENSE APPLICATION
(Each applicant must submit a separate application)

DATE:_____

TO THE HONORABLE LIQUOR BOARD OF LYON COUNTY, NEVADA

The undersigned herby makes application for a LIQUOR LICENSE under Lyon County Code and for this purpose ONLY subscribe the following verified statements and answers to the questions combined in this application form:

PLEASE PRINT OR TYPE

Name of Applicant: _____

Street City State Zip Phone

Name of Business:_____

Street City State Zip Phone

Owner of Premises (Land):_____

Street City State Zip Phone

Place of Birth	Height	Weight	Eyes	Hair	Birth Date Mo/Day/4 digit year	Social Security #

TYPE OF LICENSE REQUESTED:

Saloon or Bar Room (On-Off Sale) _____ Retail (Packaged Goods)_____
Beer and Wine (Restaurant) _____ Catering (Additional fee)_____

Are you a citizen of the United States?_____ Male_____ Female_____ Age_____
State whether: Sole Owner_____ Partnership_____ Corporation_____ Limited Liability Company_____ Other _____(explain)

List the names of ALL persons having an interest in this business, either as partner, joint venture, corporate officer and their current residence addresses. (Attach additional sheets if necessary.)

FULL NAME	NATURE OF INTEREST	RESIDENCE ADDRESS	PHONE NUMBER

List residence addresses for the past five (5) years: (Attach additional sheets if necessary.)

FROM Month and Year	To Month and Year	NUMBER & STREET	CITY & STATE

List and describe all occupations and/or businesses for the last five (5) years: (Attach additional sheets if necessary.)

FROM Month and Year	To Month and Year	NUMBER & STREET	CITY & STATE

STATE OF NEVADA, COUNTY OF LYON
LIQUOR LICENSE APPLICATION

Have you (applicant) during the past five (5) years, been convicted of any of the following offenses: any felony, any crime involving fraud or the intent to defraud, larceny in any degree, buying, receiving, or possessing stolen property, unlawful entry into a building, unlawfully possessing or distributing narcotic drugs, illegal use, carrying, or possession of a pistol or other dangerous weapon, or a second offense of driving under the influence of intoxicating liquor and/or dangerous drugs?
(PLEASE INITIAL YOUR ANSWER) YES_____ NO_____

If "YES", state the offense(s) and the punishment assessed therefore: _____

_____

_____

If granted a Liquor License by the Lyon County Liquor Board, I will conduct, maintain and carry on the business in an orderly manner, and will not serve or give away any liquor to any person under the age of twenty-one (21) years of age, or allow any disorderly person to loiter about my place of business; that I will at all times conduct my business in accordance with all the laws and ordinances of the County of Lyon and the laws of the State of Nevada and of the United States pertaining to the sale of liquor, that I will not employ any person who is not a citizen of the United States of one who does not hold a valid work visa, in the actual distribution, handling or service of any liquor, and will accept the license upon the express condition that any violation, breach or falsify of any of the conditions named in said ordinance, or any promises or representations made in this application shall be good cause for the revocation of said license.

I do solemnly swear (or affirm, under the pains and penalties of perjury) that I have read the foregoing application and know the contents of the same that the same is true and complete of my own knowledge and belief.

_____ _____
APPLICANT SIGNATURE DATE

STATE OF NEVADA }
SS
COUNTY OF _____}

On this _____ day of _____ A.D., _____, before me, _____, a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared: _____, the applicant named in this application, known to me to be the person(s) whose name is subscribed and acknowledged to me that he (she) (they) has (have) executed the same freely and voluntarily and for the uses and purposes therein mentioned.. In Witness therefore, I have hereunto set my hand and affixed my official seal.

FOR OFFICE USE ONLY:

INVESTIGATOR'S FINDINGS: _____ I find no reason for denial of this license at this time.

_____ My investigation revealed that the Applicant does not meet the requirements of the Lyon County Code.

_____
Investigator, Lyon County Sheriff's Office

LYON COUNTY
SHERIFF

Brad Pope
Sheriff

BACKROUND 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, it 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

LYON COUNTY SHERIFF

Brad Pope
Sheriff

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 _____

Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **LYON COUNTY SHERIFF'S OFFICE** *(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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
Initial *Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.

7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

8. 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.

9. I hereby authorize LYON COUNTY SHERIFF'S OFFICE *(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.

10. 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

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____