



PROCEDURES FOR CHANGES TO ELKO CITY BUSINESS LICENSES

According to Elko City Code 4-1-6, when a change is made to an Elko City business, these changes must be reported to the Elko City Business License Department. The attached City of Elko Business License Application must be completed and returned to the Business License Department to make the necessary changes. Attached is the Approval Sign Off Sheet and if the physical address of the business, located in the Elko City limits, has changed all signatures must be obtained. If the physical address has changed and is located in the Elko City limits and is not in your home, then you will also need to complete the City of Elko Non-Residential Wastewater Discharge Questionnaire and the Central Dispatch Form which are enclosed. If the physical address has changed and is not in the City limits only the application should be submitted. There is no charge for making changes to your license

If your business is out of your home in the Elko City limits you must contact the Elko City Planning Department to obtain a Home Occupation Permit before a new license will be issued.

If your business is registered with the Nevada State Department of Taxation, you are required to submit verification that the changes have been submitted to the Department of Taxation. Below is the contact information for Taxation:

Nevada Department of Taxation Reno office
Address: 4600 Kietzke Lane Building L, Suite 235 Reno, NV 89502
Phone: 775-687-9979
Fax: 775-688-1303
Email: renoontimes@tax.state.nv.us List "Elko City Business License Change"
in the subject line

The completed forms must be returned to: **City of Elko Business License Department
1751 College Avenue
Elko, NV 89801**

For more information contact the Elko City Business License Department at 775-777-7138. You may also visit our website at www.buslic@ci.elko.nv.us.

***If the business obtains new ownership the entire Elko City Business License Application must be completed by the new owner and the appropriate fees paid.**



City of Elko, Nevada
Business License Application
1751 College Avenue
Elko, NV 89801
Phone (775)777-7138 Fax (775)777-7129

Information on this form must be printed or typed.

1. Check all that apply: New Business Change in Location Change in Name Change in Mailing Address
 Other _____

2. Corporate Name _____
 Corporate Telephone _____

3. Federal Tax Identification Number _____

4. Corporate Address _____
 Street Number, Direction (N, S, E, W) Name, Suite, Unit or Apt. City, State, Zip Code

5. Business Name (dba) to be shown on the license: _____
 Business Telephone _____ Cellular Telephone _____
 Fax _____

6. Mailing Address _____
 Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code

7. Physical Address _____
 Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code

8. Type of Business Entity: Sole Proprietor S. Corp Privately Held Corp. Partnership
 Limited Liability Partnership Limited Liability Company

9. Name of All Owner(s), Partners, Corporate Officers, Members, etc. Attach additional sheets if necessary

Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
Residence Address	City, State, Zip	Residence Phone
Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
Residence Address	City, State, Zip	Residence Phone
Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
Residence Address	City, State, Zip	Residence Phone

10. Describe the Nature of Your Business in Detail. _____

11. If this business requires a State License (i.e. contractors, cosmetologists, realtors, etc.) list the license number and expiration date: _____

12. If you have acquired the business from another owner or have changed the name of the business please list prior owner and/or prior name.

Previous Owner _____

Previous Business Name _____

13. I certify the information provided in this application is true, correct and complete to the best of my knowledge and belief. If partnership more than one signature is required.

Signature/Original	Print Name & Title	Date
Signature/Original	Print Name & Title	Date

**ELKO CITY BUSINESS LICENSE DEPARTMENT
APPROVAL FORM
1751 COLLEGE AVE. ELKO, NEVADA 89801
PHONE: 775-777-7138
FAX: 775-777-7129
EMAIL: buslic@ci.elko.nv.us**

Business Name _____ Date _____

Business Address _____

The business license applicant is required to obtain signatures from the departments listed below. Please contact each department to arrange an appointment.

1. _____
Elko City Fire Marshal
911 West Idaho Street. Elko, NV 89801
775-777-7345

2. _____ (PLEASE NOTE: The Building Official will not sign
off without the Fire Marshal's signature.)
Elko City Building Department
1753 College Ave. Elko, NV 89801
775-777-7220

3. _____
Elko Development Department
1755 College Ave. Elko, NV 89801
775-777-7213

4. _____
Public Health Department ID# _____
1020 Ruby Vista Dr. Ste. 103 Elko, NV 89801 Expiration Date _____
775-753-1138

5. _____
Elko City Planning Department
1751 College Ave. Elko, NV 89801
775-777-7160

6. _____
Business License Department
1751 College Ave. Elko, NV 89801
775-777-7138

7. Type of proof provided from the Nevada Department of Taxation



CITY OF ELKO NON-RESIDENTIAL WASTEWATER DISCHARGE QUESTIONNAIRE

The City of Elko operates and maintains the Water Reclamation Facility (WRF) that serves the City's businesses and residents. Federal General Pretreatment Regulations listed in 40 CFR 403.2, aim to:

1. prevent the introduction into publicly owned treatment works (POTWs) of pollutants, including interference with its use or disposal of municipal sludge
2. prevent introduction into POTWs of pollutants that pass through the treatment works into receiving waters or that might otherwise be incompatibles with the treatment works
3. improve opportunities to reclaim and recycle municipal and industrial wastewaters and sludge(s)
4. reduce the health and environmental risk of pollution caused by the discharge of toxic pollutants to POTWs

In order to comply with state and federal regulations the City has approved a Pretreatment Ordinance (Ordinance 675), which includes a regular pretreatment inspection program. As part of this program the City of Elko requires all business owners to supply us with the information necessary to determine whether or not the business requires pretreatment before its waste stream can be discharged into the City's sewer system. Please complete the attached questionnaire and submit it with your Elko City Business License Application.

We recommend that each business owner determines if pretreatment is necessary for his / her business and verifies that all necessary pretreatment measures can be implemented at the business location **before** signing a lease or purchase agreement.

Should you have questions or need more information please contact the Environmental Coordinator at 775-777-7213.

A. Contact Information:

1. Business/Company Name _____

2. Water/Sewer Service Account Number (provided on your water bill): _____

3. Business Location: _____
Street City State Zip

4. Business Mailing Address: _____
Street City State Zip

5. Owner/Chief Executive Officer: _____
Name Title

Address: _____

Phone: _____

E-mail: _____

6. Person to be contacted about this questionnaire: _____
Name Title

Address: _____

Phone: _____

E-mail: _____

7. Person to be contacted in case of emergency (e.g. spillage): _____
Name Title

Address: _____

Phone: _____

E-mail: _____

B. Business Information:

1. Description of Business Activity: _____

2. Industrial Activities:

If your business participates in any of the activities or utilizes any of the materials listed below please check the appropriate box. Please check the sewer disposal box if your business discharges any wastewater, sludge, or solids other than sanitary waste, sludge, or solids into the City of Elko's sewer collection system.

	Yes	No	Sewer Disposal
Adhesives	___	___	___
Automotive Painting	___	___	___
Automotive Repairs/Serviceing	___	___	___
Boiler Blowdown	___	___	___
Commercial Car Wash	___	___	___
Commercial Laundry	___	___	___
Cooling Water Blowdown	___	___	___
Demineralization (Reverse Osmosis /Exchange Resins)	___	___	___
Equipment Cleaning/Washing	___	___	___
Equipment Repairs/Serviceing	___	___	___
Film/X-ray Developing	___	___	___
Food Preparation	___	___	___
Gum/Wood Chemicals	___	___	___
Heavy Equipment Repairs/Serviceing	___	___	___
Hospital/Medical Clinic	___	___	___
Inorganic Chemicals	___	___	___
Laboratory (Medical, Science, Analytical, Soils, Assay, etc.)	___	___	___
Light Equipment Repairs/Serviceing	___	___	___
Printing	___	___	___
Radiator Repairs	___	___	___
Medical Health Services	___	___	___
Mine Support (Goods and Services)	___	___	___
Mineral Exploration (Drilling, Geology, Etc.)	___	___	___
Ore Mining	___	___	___
Organic Chemicals	___	___	___
Paint, Ink, Dyes	___	___	___
Pesticides, Herbicides, Biocides	___	___	___
Petroleum Products	___	___	___
Pharmaceuticals	___	___	___
Restaurant	___	___	___
Soaps, Detergents	___	___	___
Solvents, Cleaners	___	___	___
Other (describe below)	___	___	___

Description of "other" industrial activity/material _____

3. Does your business have floor drains? If yes, list all locations. _____

4. Does your business have any connections to the City's storm water drain collection system? _____

I certify that the information above is true and correct to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

Print Name: _____

Central Dispatch Administrative Authority

725 Aspen Way

Elko, Nevada 89801

775.777.7300

Dear Business Owner:

The Central Dispatch Administrative Authority is working to serve the businesses of the area in an efficient manner. To accomplish this goal we are contacting each business to obtain the information needed to update our records. Please fill out this form and return it to the Central Dispatch Administrative Authority at 725 Aspen Way, Elko NV 89801.

This information is vital to assist the law enforcement agencies to better serve your business after hours. THIS INFORMATION WILL NOT BE RELEASED TO THE GENERAL PUBLIC, WE WILL ENTER IT INTO OUR COMPUTER SYSTEM TO BE USED FOR OFFICIAL PURPOSES ONLY.

BUSINESS NAME

PHONE NUMBER

BUSINESS ADDRESS

If there is a problem with my business after hours, I would like the following people called. (please place in the order in which you wish notified first, second, etc.)

Please list **at least** two people if at all possible.

1. NAME

HOME ADDRESS

HOME PHONE #

2. NAME

HOME ADDRESS

HOME PHONE #