



**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

**Web Site: <https://tax.nv.gov>**

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

HENDERSON OFFICE  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

BRIAN SANDOVAL  
Governor  
JAMES DEVOLLD  
Chair, Nevada Tax Commission  
WILLIAM D. ANDERSON  
Executive Director

## NOTICE OF TRANSFER OF INTEREST

(Pursuant to NRS 453A and 453D and the Regulations of the Department of Taxation)

**INSTRUCTIONS:** This form MUST BE TYPEWRITTEN OR PRINTED LEGIBLY and submitted to the MARIJUANA ENFORCEMENT DIVISION (Department of Taxation). The proposed transfer MAY NOT BE EFFECTED until approved by the MARIJUANA ENFORCEMENT DIVISION (Department of Taxation). TRANSFEREE must complete SECTION I; TRANSFEROR must complete SECTIONS II AND III. Attach copies of all documents involved in the proposed transfer of interest, i.e., notes, agreements, corporate minutes, etc. (If additional space is necessary, attach a separate schedule.)

### SECTION I

- |                    |                    |                                  |                            |                    |
|--------------------|--------------------|----------------------------------|----------------------------|--------------------|
| <b>Partnership</b> | <b>Corporation</b> | <b>Limited Liability Company</b> | <b>Limited Partnership</b> | <b>Other</b> _____ |
|--------------------|--------------------|----------------------------------|----------------------------|--------------------|
1. Name of entity \_\_\_\_\_
  2. Name of the MME and Application ID#(s) \_\_\_\_\_
  3. MME Address \_\_\_\_\_
  4. City/County business license number(s) \_\_\_\_\_
  5. Secretary of State business registration number \_\_\_\_\_
  6. State business license number \_\_\_\_\_
  7. Full name of TRANSFEREE (TO whom interest will transfer) \_\_\_\_\_
  8. Residence address \_\_\_\_\_ Contact Phone # \_\_\_\_\_
  9. Percentage to be acquired \_\_\_\_\_ Number of Shares/Units \_\_\_\_\_

### SECTION II

1. Full name of TRANSFEROR (FROM whom interest will transfer) \_\_\_\_\_
2. Residence address \_\_\_\_\_ Contact phone # \_\_\_\_\_
3. Percentage to be transferred \_\_\_\_\_ Number of Shares/Units \_\_\_\_\_
4. Upon consummation of proposed transfer of interest, state your position and responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Reason for the transfer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION III

1. List below the ownership of the licensed business as it is BEFORE and will be AFTER the proposed transfer of interest is effected:

#### **SCHEDULE OF OWNERSHIP**

##### **Prior to Transfer:**

Name	% Held	No. of Shares/Units

*If additional space is needed, please use a continuation page*

##### **Subsequent to Transfer:**

Name	% Held	No. of Shares/Units

*If additional space is needed, please use a continuation page*

2. Total number of Shares Authorized \_\_\_\_\_ Number of Shares Issued \_\_\_\_\_

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## SECTION IV

\_\_\_\_\_, being first duly sworn, depose and say:

(Print Name of TRANSFEREE)

I have read the foregoing document entitled NOTICE OF TRANSFER OF INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information.

\_\_\_\_\_  
**TRANSFEREE (Signature)**

\_\_\_\_\_  
**Date**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

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\_\_\_\_\_, being first duly sworn, depose and say:

(Print Name of TRANSFEROR)

I have read the foregoing document entitled NOTICE OF TRANSFER OF INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information.

\_\_\_\_\_  
**TRANSFEROR (Signature)**

\_\_\_\_\_  
**Date**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**



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**ESTOPPEL CERTIFICATE**

**Medical Marijuana Establishment Registration Certificate #:**

**Name of the party currently holding the MME Registration Certificate ("Transferor"):**

**Name of the party seeking approval to hold the MME Registration Certificate ("Transferee"):**

For good and valuable consideration, the undersigned, a duly authorized representative of Transferee, hereby certifies as follows:

1. Transferor, the owner of a medical marijuana establishment ("MME"), currently holds the MME Registration Certificate issued by the Department of Taxation ("Department") and referenced above.
2. Pursuant to NRS 453A.334(2), Transferor and Transferee have requested that the Department approve a proposed transfer of the MME Registration Certificate from Transferor to Transferee.
3. Transferee recognizes that the Department generally requires any change in the ownership or control of the MME Registration Certificate to be effectuated by way of a transfer of the "entirety of the ownership interest in the [MME]" as contemplated by NRS 453A.334(2).
4. In lieu of requiring a transfer of the entirety of the ownership interest in the MME, the Department has agreed to approve the transfer of the MME Registration Certificate from Transferor to Transferee so long as Transferee assumes the Transferor's ownership of all of the MME's liabilities, including, but not limited to, any potential liability to the Department for unpaid taxes and fees; Transferee understands and acknowledges that such an assumption of liabilities is a necessary condition precedent to the transfer of the MME Registration Certificate because it reasonably approximates the continuity of ownership in the MME that would otherwise occur with a conveyance of stock or comparable equity securities in the Transferor.
5. Pursuant to its written agreement with Transferor, Transferee will assume the Transferor's ownership of all of the MME's liabilities, including any liability, whether known or unknown, for unpaid taxes or fees owed by the Transferor to the Department as of the date of execution of this Estoppel Certificate.



**STATE OF NEVADA  
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6. Upon any lawful demand by the Department, Transferee will pay directly to the Department any liability for unpaid taxes or fees described in paragraph 5 above, and will further comply with all applicable requirements of NRS Chapter 453A.
7. Transferee understands and expects that the Department, in approving the transfer of the MME Registration Certificate, will rely upon the statements made in this Estoppel Certificate.

**Signature:**

<b>Signature of Transferee</b>	<b>Print Name</b>	<b>Date</b>

**Notary:**

State of Nevada

County of \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_  
(MONTH) (DAY) (YEAR) (NAME)

personally appeared before me, and in my presence signed the attached document named or described as

\_\_\_\_\_, and dated \_\_\_\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

(SEAL)

\_\_\_\_\_  
(DATE COMMISSION EXPIRES)

# NEVADA BUSINESS REGISTRATION

**Please see instructions regarding form detail and online registration options.**

<b>1</b>	<b>I Am Applying For:</b> <b>* SEND A COPY TO EACH AGENCY</b>	Unemployment Insurance <small>*(Employment Security Division - ESD)</small>	Sales/Use Tax Permit <small>*(Department of Taxation)</small>	Modified Business Tax	Local Business License
<b>2</b>	New Business      Change in Ownership/ Business Entity      Change in Location <input type="checkbox"/> Other Change in Corporate Officers      Change in Mailing Address Change in Name      Add Location				
<b>3</b>	Business Entity Type:      Sole Proprietor      Association      LLLP      Limited Liability Partnership      Government Entity Corporation      Limited Partnership      Partnership      Limited Liability Company      Other				
<b>3A</b>	If LLC please check Federal tax filing type      Corporation      Sole Proprietor      Partnership				
<b>4</b>	Corporate/Entity Name <small>(as shown on State Business License):</small>			Corporate/Entity Telephone (   )	<b>5</b> Federal Tax Identification Number
<b>6</b>	Corporate/Entity Address:		Street Number, Direction (N, S, E, W ) and Name      Suite, Unit or Apt #      City, State, and Zip Code +4		State of Incorporation or Formation
<b>7</b>	Nevada Name (DBA):			Business Telephone (   )	Fax (   )
<b>8</b>	E-mail Address:		Website Address:		<b>9</b> Nevada Business Identification #: (11 digits) <b>NV</b>
<b>10</b>	Mailing Address:      Street Number, Direction (N, S, E, W ) and Name      Suite, Unit or Apt #      City, State, and Zip Code +4				
<b>11</b>	Location(s) of Nevada Business Operations:      Street Number, Direction (N, S, E, W ) and Name      Suite, Unit or Apt #      City, State, and Zip Code +4				
<b>12</b>	Location of Business Records:      Street Number, Direction (N, S, E, W ) and Name      Suite, Unit or Apt #      City, State, and Zip Code +4				Telephone Number: (   )
<b>13</b>	<b>List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.</b> <b>** The Department of Taxation &amp; Employment Security Division are the only agencies to require a SSN.</b>				
	Last, First, MI :		Residence Address (Street)		**SSN
	Title	Percent Owned	City, State, Zip +4		Residence Telephone
	Last, First, MI :		Residence Address (Street)		**SSN
	Title	Percent Owned	City, State, Zip +4		Residence Telephone
	Last, First, MI :		Residence Address (Street)		**SSN
	Title	Percent Owned	City, State, Zip +4		Residence Telephone
	Responsible Local Contact ( Last, First, MI & Title ):		Residence Address (Street), City, State, Zip +4		**SSN
					Residence Telephone
<b>14</b>	Date Business Started in Nevada	Date Nevada Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll
<b>15</b>	<b>PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS</b>				
	Mining	Domestics	Outside Dining	Water Appropriation	Adult Materials/Activity
	Service	Agriculture	Home Occupation	Hazardous Material	Leased or Leasing Employees
	Tobacco	Manufacturing	Retail Sales—New	Construction/Erection	Leasing (Other than Employees)
	Delivery	Transportation	Retail Sales—Used	Tire Sales	Supply/Use Temporary Workers
	Wholesale	Not for Profit	Live Entertainment	Environmental Discharge	Regulated by Federal/State Permit Number _____
	Marijuana	Transportation Connection			Other _____
<b>16</b>	<b>Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered.</b> Anyone selling tobacco products (including but not limited to cigarettes, smokeless tobacco and or cigars) as a manufacturer, wholesale or retailer, must also apply with the Department for that particular tobacco products license type before they can begin purchasing or selling those products. Such application can be found on our website.				
<b>17</b>	<b>If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:</b>				
	Date Acquired/Changed:		Acquired/Changed by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> In Part
	Name(s) of Previous Owner(s)		Previous Owner(s) Business Name		
	Address (Street)		City	State	Zip Code +4
	Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:			Enter Previous Owner(s) ESD Account Number:	
<b>18</b>	<b>* Signatures must be that of a responsible party *</b> <b>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.</b>				
	*Signature Responsible Party / Original		Print Name And Title		Date
	*Signature Responsible Party / Original		Print Name And Title		Date

# NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

**WHO ACCEPTS THIS FORM?** The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Some local governments may accept this form.

**WHAT OTHER INFORMATION MUST I PROVIDE?** When applying with the Department of Taxation: All businesses must complete a Supplemental Application (APP-01.00) to determine correct fees. When applying with the Employment Security Division: If you employ agricultural or domestic workers or are a non-profit agency, you must complete a Supplemental Registration with ESD.

If you haven't yet received or applied for a Nevada State Business License, please contact the Nevada Secretary of State at (775) 684-5708 or complete your registration online at <https://www.nvsilverflume.gov>.

## LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

1. **I Am Applying For:** Check the boxes that apply. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
2. **Check All Box(es) That Apply.**
3. **Business Entity Type:** Indicate entity type as filed with the Secretary of State.
- 3A. **If LLC:** Indicate type of entity as filed with the IRS.
4. **Corporate/Entity Name:** Enter the name as registered with the Secretary of State for the State Business License. Include a telephone number.
5. **Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/businesses>. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
6. **Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
7. **Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
8. **E-mail Address / Website Address:** Enter Email and Website Address information.
9. **Nevada Business ID Number:** Enter the number as shown on your State Business License or exemption issued by the Secretary of State.
10. **Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
11. **Location(s) of Nevada Business Operations:** Enter the physical location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations. You may not use a PO Box.
12. **Location of Business Records:** Enter the physical address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
13. **List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), Social Security Number, date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
14. **Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
15. **Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
16. **Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
17. **Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
18. **Signature Required:** Legal signatures include: sole proprietor-owner, corporate officer, managing member and partners.

Toll Free (In State) for All State of Nevada.....

800-992-0900

**Nevada Department of Taxation: Online Registration:** <https://www.nevadatax.nv.gov> – **Website:** <http://www.tax.nv.gov>

Call Center	Toll Free Taxation Help Desk	(866) 962-3707
Las Vegas.....	555 E Washington Avenue • Suite 1300 • Las Vegas, • Nevada • 89101.....	(702) 486-2300
Reno.....	4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502.....	(775) 687-9999
Carson City....	1550 College Parkway • Suite 115 • Carson City, NV • 89706.....	(775) 684-2000
Henderson....	2550 Paseo Verde • Suite 180 • Henderson, NV • 89074.....	(702) 486-2300

**Nevada Employment Security Division (ESD): Online Registration:** <https://uitax.nvdetr.org> – **Website:** [www.nvdetr.org](http://www.nvdetr.org)

Las Vegas	(702) 486-0250
Reno	(775) 823-6680
Statewide (Mailing).....	500 E Third Street • Carson City, NV • 89713-0030 .. (775) 684-6300

**Nevada Department of Wildlife:** (Industrial Artificial Pond Permit) – **Website:** [www.ndow.org](http://www.ndow.org)..... (775) 688-1500

**Nevada Secretary of State:** ..... (775) 684-5708

For more information regarding local and state business licensing please visit Nevada's online Business Portal at <https://www.nvsilverflume.gov>.

**For Department Use Only**

TID: \_\_\_\_\_

Dept. of Taxation Representative accepting application: \_\_\_\_\_

**NEVADA DEPARTMENT OF TAXATION****SUPPLEMENTAL REGISTRATION**

Please print clearly — Use black or blue ink only  
Please mark applicable type(s) (See Instructions)

**Sales/Use Permit****Consumer Use Tax Permit****Certificate of Authority****Live Entertainment Tax**

1. DBA (as shown on the Nevada Business Registration Form): \_\_\_\_\_

2. Business telephone number: \_\_\_\_\_

3.

List STATE of incorporation or formation if applicable: \_\_\_\_\_

**FEES AND SECURITY DEPOSIT**

5. Estimated total monthly receipts: \_\_\_\_\_

6.

Estimated total Nevada monthly TAXABLE receipts: \_\_\_\_\_

7. Reporting cycle (Please indicate filing frequency desired)

Sales or purchases exceeding \$10,000 per month in TAXABLE sales must report monthly.

Monthly

Quarterly

Annual

Sales/Use Tax

Use Tax

Live Entertainment Tax

8. Security (See Instructions)

Cash \_\_\_\_\_

Surety # \_\_\_\_\_

9. Sales Tax Fee (See instructions): \_\_\_\_\_

10.

Total Nevada Business Locations: \_\_\_\_\_

**11. OTHER INFORMATION**

Name of spouse/relative

Address of spouse/relative

Phone number of spouse/relative

Name of other contact

Address of other contact

Phone number of other contact

Accountant/bookkeeper

Address of accountant/bookkeeper

Phone number of accountant/bookkeeper

Other employment (If applicable):

Company name: \_\_\_\_\_

Company name: \_\_\_\_\_

Name of bank/financial institution – location / account number:

Business account: \_\_\_\_\_

Personal account: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

ST/UT No.: \_\_\_\_\_

MBT No.: \_\_\_\_\_

Combine Accts:

Yes

No

Previous Acct: \_\_\_\_\_

Previous Acct Cancelled:

Yes

No

Comments: \_\_\_\_\_

☐ Cash☐ Check

ABA #: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

\*\*For an introduction to the Department and general information, see our Taxpayer Information Packet Online at [www.tax.nv.gov](http://www.tax.nv.gov) \*\*

SUPPLEMENTAL APPLICATION



# SUPPLEMENTAL REGISTRATION INSTRUCTIONS

**Sales/Use Tax** — A business which sells tangible personal property at retail or wholesale, and has a physical location in Nevada or enters Nevada to conduct business

**Consumer Use Tax** — This permit allows a Nevada business, not required to hold a Nevada Sales/Use Tax permit, to pay use tax directly to the State on tangible personal property purchased from a vendor not registered to collect Nevada sales tax. Example: Contractors who do not make sales and only purchase building materials for their own use from out of state. All businesses required to register for the State Business License that purchase tangible personal property for storage, use or other consumption in Nevada must also register for use tax. Registering for use tax does not require payment of a fee, nor does it require security.

**Certificate of Authority** — This permit is available to out-of-state businesses having no jurisdiction or nexus in Nevada. The permit allows an out-of-state business, who is not required to hold a Nevada Sales/Use Tax permit, to voluntarily register in order to collect and remit use tax as a convenience for its Nevada customers. This permit does not require payment of a fee, nor does it require security.

**Live Entertainment Tax (LET)** — Monthly tax is based on admission charges for non-gaming facilities providing live entertainment. If the maximum occupancy is under 200, no tax liability exists. Maximum occupancy that meets or exceeds 200 must register for the Live Entertainment Tax. Maximum occupancy means the maximum occupancy of the facility as determined by the State Fire Marshal or local governmental agency.

1. **DBA** - Name doing business as
2. **Business Telephone Number** – please include area code
3. **State of Incorporation or Formation** – foreign corporations must be registered with the Nevada Secretary of State's Office to do business in Nevada
4. **Fees and Security Deposit**
5. **Estimated Total Monthly Receipts** – this is the total of all gross receipts including wholesale sales, services necessary to complete the sale, exempt sales, etc
6. **Estimated total Nevada monthly TAXABLE receipts** – this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, labor, exempt sales, etc
7. **Reporting Cycle** – Please indicate filing frequency desired. Sales or purchases exceeding \$10,000 require monthly reporting. Options may not apply to certain tax types.
8. **Security** — Check off type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, compute your average monthly taxable sales. Multiply taxable Nevada sales by the highest tax rate in Nevada, which is 8.265% as of 04-01-17. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. A security deposit will not be required if the amount calculated does not exceed \$1,000. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.
9. **Sales Tax Fee** – A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (#10) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00).
10. **Total Nevada Business Locations** – number of physical locations in Nevada
11. **Other Information** – please include other authorized contacts.

**Note: Modified Business Tax (MBT) – General Business (MBT GB) / Modified Business Tax - Financial Institutions (MBT FI) / Modified Business Tax- Mining (MBT MI) is a Quarterly tax based on gross wages reported to the Employment Security Division. There is an allowable deduction for qualified health insurance plan and wages paid to certain veterans. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency.**

ORIGINAL SIGNATURES REQUIRED BY AGENCIES – KEEP A COPY FOR YOUR RECORDS.

**THIS FORM MUST BE SUBMITTED WITH YOUR  
NEVADA BUSINESS REGISTRATION FORM**