

APPLICANT'S SIGNATURE:

## AERIAL / AGICULTURAL GROUND BUSINESS LICENSE APPLICATION FOR 2022



B. Partnership: 1	C. Corporation:						riddai	Applicant: A. Indiv
Doing Business Address:   Description   Doing Business   Description   Doing Business   Description   Desc	Doing Business As:  Physical Business Address:  Mailing Address:  Phone:  Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 767  Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 767  LICENSE CATEGORIES  A. Aerial Applied For Approved B. Ag. Ground Applied For Approved  J. Ag. Plant Pests		3	·			nership: 1	B. Parti
Physical Business Address:	Physical Business Address:  Mailing Address:  Phone:  Phone:						ooration:	C. Corp
Physical Business Address:	Physical Business Address:  Mailing Address:  Phone:  Phone:							Doing Business As:
Phone:	Phone: Fax:(							
Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 76?    Yes	Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 767    Yes							∕lailing Address:
Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 76?    Yes	Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 767   Yes		@	E-Mail <mark>:_</mark>	)	Fax:(		Phone: ()
Yes   No   If Yes enter number:	Yes   No   If Yes enter number:						umber:	ederal Identification Nu
Yes   No   If Yes enter number:	Yes   No   If Yes enter number:							
LICENSE CATEGORIES	LICENSE CATEGORIES	r 76?	of State per NRS Chapter	e Nevada Secretary of	se issued by	usiness Licen	ave a State Bu	Does this business ha
LICENSE CATEGORIES	LICENSE CATEGORIES					nber:	Yes enter nun	□ Yes □ No If
A. Aerial Applied For Approved  B. Ag. Ground Applied For Approved  1. Ag. Plant Pests	A. Aerial Applied For Approved B. Ag. Ground Applied For Approved  1. Ag. Plant Pests							
1. Ag. Plant Pests	1. Ag. Plant Pests							
2. Weeds	2. Weeds	<u>oved</u>	Applied For Appro	B. <u>Ag. Ground</u>	<u> </u>	Approved	Applied For	A. <u>Aerial</u>
3. Vertebrate Pests	3. Vertebrate Pests			_				•
### Address of Business Location #1	Business License Fee						🗆	2. Weeds
Business License Fee   1	Business License Fee							
EACH Principal and Operator	EACH Principal and Operator			<u>FEES</u> 250.00 = \$ <b>250.00</b>	1 x		se Fee	Business Licen
LATE fee (due after 12/31/2021)	LATE fee (due after 12/31/2021)							
Number of Business Locations (indicate total number of business locations in Nevada)  Address of Business Location #1 Phone () List Name(s) of Primary Principal (PP), Location Principal (LP) & Principal(s) responsible for Business Location #1    Cell Phone: () 2 Cell Phone: ()   Cell Phone: () 4 Cell Phone: ()   Address of Business Location #2 Phone ()   List Name(s) of Primary Principal (PP), Location Principal (LP) & Principal(s) responsible for Business Location #2   Cell Phone: () 2 Cell Phone: ()	Number of Business Locations (indicate total number of business locations in Nevada)  Address of Business Location #1 Phone (							•
Address of Business Location #1	Address of Business Location #1 Phone (		<del>_</del>	al Fees = \$	^ T	<mark>~ 1</mark> )	arter 12/31 <mark>/20</mark>	LATE lee (due
Address of Business Location #2 Phone () list Name(s) of Primary Principal (PP), Location Principal (LP) & Principal(s) responsible for Business Location #2 Cell Phone: () 2 Cell Phone: ()	Address of Business Location #2 Phone (		Phone (			<u> </u>	cation #1	Address of Business Lo
Address of Business Location #2 Phone () list Name(s) of Primary Principal (PP), Location Principal (LP) & Principal(s) responsible for Business Location #2 Cell Phone: () 2 Cell Phone: ()	Address of Business Location #2 Phone (		Cell Phone: ()	2		one: () _	Cell Ph	
Address of Business Location #2Phone ()	Address of Business Location #2 Phone ( Phone (							
List Name(s) of <b>Primary Principal (PP), Location Principal (LP) &amp; Principal(s)</b> responsible for Business Location #2	List Name(s) of Primary Principal (PP), Location Principal (LP) & Principal(s) responsible for Business Location							
	1 Cell Phone: () 2 Cell Phone: ()	ation #2	nsible for Business Locati				y Principal (P	ist Name(s) of <b>Primary</b>
AERIAL FOUIPMENT			Cell Phone: ()	2		one: () _	Cell Ph	•
· · · · · · · · · · · · · · · · · · ·	AERIAL EQUIPMENT			QUIPMENT	<b>AERIAL</b>			
Type or Make of Aircraft Tail number "N" Hopper or Tank Capacity Pressure (F	Type or Make of Aircraft Tail number "N" Hopper or Tank Capacity Press	ressure (PSI)	apacity Pre	Hopper or Tank Ca	<u>"N"</u>	Tail number	<u>'t</u>	ype or Make of Aircraf

\_ DATE:\_