



AERIAL / AGRICULTURAL GROUND BUSINESS LICENSE APPLICATION FOR 20__



RETURN THIS APPLICATION TO:

2300 E. St. Louis Ave., Las Vegas, NV 89104
Phone (702) 668-4590 / Fax (702) 668-4567

OR 405 S. 21st St., Sparks, NV 89431
Phone (775) 353-3712 / Fax (775) 353-3713

Applicant: A. Individual _____
B. Partnership: 1. _____ 2. _____ 3. _____
C. Corporation*: _____
 * If a corporation, attach a current certificate of incorporation and list of officers filed with the Nevada Secretary of State.

Doing Business As: _____

Physical Business Address: _____

Mailing Address: _____

Out of State Mailing: _____

Phone:(____) _____ Fax:(____) _____ E-Mail: _____@_____

Federal Identification Number: _____

Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 76?
 Yes No If Yes enter number: _____

LICENSE CATEGORIES

A. <u>Aerial</u>			B. <u>Ag. Ground</u>		
<u>Applied For</u>	<u>Approved</u>		<u>Applied For</u>	<u>Approved</u>	
1. Insect pests.....	<input type="checkbox"/>	_____	1. Insect pests	<input type="checkbox"/>	_____
2. Weeds.....	<input type="checkbox"/>	_____	2. Weeds.....	<input type="checkbox"/>	_____
3. Dessicants & defoliant.....	<input type="checkbox"/>	_____	3. Dessicants & defoliant.....	<input type="checkbox"/>	_____
4. Fungi pests.....	<input type="checkbox"/>	_____	4. Fungi pests.....	<input type="checkbox"/>	_____
			5. Vertebrate pests.....	<input type="checkbox"/>	_____

FEEES

Business License Fee 1 x \$250.00 = \$ **250.00**
EACH Applicator or Consultant..... _____ x \$ 50.00 = \$ _____
EACH Agent _____ x \$350.00 = \$ _____
Late fee required for renewal after January 1..... \$125.00 = \$ _____
Total Fees = \$ _____

Number of Business Locations _____ (indicate total number of business locations)
Address of Business Location #1 _____ Phone (____) _____

List Name of **Primary Principal (PP) or Location Principal (LP)** responsible for Business Location #1

1. _____ Cell Phone: (____) _____ Responsible for categories: _____
2. _____ Cell Phone: (____) _____ Responsible for categories: _____

Address of Business Location #2 _____ Phone (____) _____

List Name of **Primary Principal (PP) or Location Principal (LP)** responsible for Business Location #2

1. _____ Cell Phone: (____) _____ Responsible for categories: _____
2. _____ Cell Phone: (____) _____ Responsible for categories: _____

AERIAL EQUIPMENT

Type or Make of Aircraft "N" Hopper or Tank Capacity Pressure (PSI)

APPLICANT'S SIGNATURE: _____ DATE: _____

