



# NEVADA DEPARTMENT OF AGRICULTURE



## **PEST CONTROL COMPANY NAME APPLICATION**

READ CAREFULLY AND COMPLETE THE BACKSIDE OF THIS APPLICATION

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The Nevada Department of Agriculture requires pest control company owners/principals applying for their first Nevada pest control business license to submit this application for the name of their proposed company. NAC 555.290.8 requires the Department to reject pest control business license applications if the name of the proposed company is: (a) the same or similar to the name of an existing pest control company operating in Nevada, or (b) the name is likely to be confused with a governmental agency or trade association, or (c) if the name is misleading.

Because of the variety of pest control company names, applicants for their first Nevada pest control business license are required to list at least three potential names for their company. At least three names are required because it is not uncommon for the Department of Agriculture to reject at least two of them.

The Department advises you NOT to place advertisements, produce business cards, fliers, pamphlets, or other articles used to advertise or solicit your company, or provide proof of insurance, until a name has been approved and all other requirements have been met.

The Department also advises those who are considering a pest control company name to research names in other states, as some names are trademarked or copyrighted.

The Department does NOT reserve pest control company names. Names are issued on a first come first serve basis.

Complete the backside of this form and return it to:

Nevada Department of Agriculture  
Attn: Pest Control Licensing  
2300 E. St. Louis Ave.  
Las Vegas, NV 89104

Or

Fax: 702-668-4567



# PEST CONTROL COMPANY NAME APPLICATION



Name of Applicant (owner, Principal, etc.): \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

Is your company part of a franchise?  YES  NO

Is your company licensed in another State?  YES  NO

If YES, what other State(s) is your company licensed in? \_\_\_\_\_

Will your company have a "Business Location" within the State of Nevada?  YES  NO

Is the Primary Principal of your company residing in Nevada?  YES  NO

Is your Primary Principal is a Nevada resident?  YES  NO

If YES, indicate the Drivers License number: \_\_\_\_\_

Is your company currently incorporated in Nevada?  YES  NO

If NO, will it be incorporated within the next year?  YES  NO

If you know what your company's phone number and business address will be, complete the following:

Physical Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Out of State Mailing: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

**For your application to be processed, you must provide AT LEAST THREE potential names for your Pest Control Company.**

First Choice: \_\_\_\_\_ For departmental use only Acceptable:  YES  NO

Second Choice: \_\_\_\_\_ Acceptable:  YES  NO

Third Choice: \_\_\_\_\_ Acceptable:  YES  NO

Fourth Choice: \_\_\_\_\_ Acceptable:  YES  NO

Fifth Choice: \_\_\_\_\_ Acceptable:  YES  NO

**I UNDERSTAND THAT THE NEVADA DEPARTMENT OF AGRICULTURE HAS THE RIGHT TO ACCEPT OR REJECT ANY NAME I HAVE SUBMITTED. I ALSO UNDERSTAND THAT ANY NAME WHICH IS APPROVED WILL NOT BE RESERVED DURING THE PERIOD IT TAKES TO COMPLETE THE LICENSING PROCESS. FURTHERMORE, I DO NOT HOLD THE DEPARTMENT RESPONSIBLE IF THE SAME OR SIMILAR NAME IS GRANTED TO AN ESTABLISHED COMPANY OR A FRANCHISED, TRADEMARKED, OR COPYRIGHTED COMPANY HAVING PRIOR USE OF IT OR RIGHTS TO IT.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_