



PEST CONTROL BUSINESS LICENSE (GROUND) 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. Governmental Agency _____
B. Department* _____
C. Division*: _____
* If applicable

Physical Business Address: _____

Mailing Address: _____

Out of State Mailing: _____

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

Federal Identification Number: _____

Does this business have a business identification number issued by the Nevada Secretary of State per NRS Chapter 76?

Yes No If Yes enter number:

License Categories

D. Government Agency	Applied For	Approved	D. Government Agency	Applied For	Approved
1. Agricultural plant.....	_____	_____	9. Wildlife control.....	_____	_____
2. Rangeland & forest.....	_____	_____	10a. Commodity fumigation	_____	_____
3. O&T, nursery, greenhouse & interior landscape.....	_____	_____	10b. Rodent burrow fumigation..	_____	_____
4. . Seed treatment.....	_____	_____	10c. Soil fumigation.....	_____	_____
5. Aquatic & mosquito.....	_____	_____	11. Regulatory.....	_____	_____
6. Right-of-way & weed	_____	_____	12. Sewer line root control.....	_____	_____
7. General pest, industrial and institutional.....	_____	_____	13. Public health.....	_____	_____
8. Wood-destroying insects	_____	_____	14. Predatory pest control.....	_____	_____

FEES

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 (Number) x \$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: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

