



PEST CONTROL BUSINESS LICENSE (GROUND) APPLICATION FOR 20_____

RETURN THIS APPLICATION TO:

2300 McLeod St, Las Vegas, NV 89104-4314
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: _____

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

<u>B. Ag. Ground</u>	<u>Applied For</u>	<u>Approved</u>	<u>C. Urban/Structural</u>	<u>Applied For</u>	<u>Approved</u>
1. Insecticides.....	<input type="checkbox"/>	_____	1. Ornamental and Turf.....	<input type="checkbox"/>	_____
2. Herbicides.....	<input type="checkbox"/>	_____	2. Industrial & Institutional.....	<input type="checkbox"/>	_____
3. Dessicants & Defoliant.....	<input type="checkbox"/>	_____	3. Structural.....	<input type="checkbox"/>	_____
4. Fungicides & Bactericides.....	<input type="checkbox"/>	_____	4. Fumigation.....	<input type="checkbox"/>	_____
5. Rodenticides....	<input type="checkbox"/>	_____	5. Aquatic.....	<input type="checkbox"/>	_____
			6. Right-of-Way.....	<input type="checkbox"/>	_____
			7. Preservation of Wood.....	<input type="checkbox"/>	_____

FEES

Business License Fee 1 x \$250.00 = \$ **250.00**

EACH Principal and Operator..... x \$ 50.00 = \$ _____

EACH Agent x \$350.00 = \$ _____
(Number)

Total Fees = \$ _____

Number of Business Locations _____ (indicate total number of business locations in Nevada)

Address of Business Location #1 _____ Phone (_____) _____

List Name(s) of **Principal(s)** responsible for Business Location #1

1. _____ Cell Phone: (_____) _____ 2. _____ Cell Phone: (_____) _____

3. _____ Cell Phone: (_____) _____ 4. _____ Cell Phone: (_____) _____

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

List Name(s) of **Principal(s)** responsible for Business Location #2

1. _____ Cell Phone: (_____) _____ 2. _____ Cell Phone: (_____) _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Primary Principal and Principal Information

Primary Principal Principal

NAME: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone: (_____) _____

Are you a Nevada Resident? Yes No

Driver's License Number & State _____

AGRICULTURAL GROUND: B1 B2 B3 B4 B5

URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7

Applicant Signature: _____ Social Security # _____ - _____ - _____ Date: _____

Individual ID Number: _____

YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!
 I am not subject to a court order for the support of a child.
 I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; **OR**
 I am subject to a court order for the support of one or more children and am **not** in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.

OPERATOR INFORMATION

NAME: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone: (_____) _____

AGRICULTURAL GROUND: B1 B2 B3 B4 B5

URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7

Applicant Signature: _____ Social Security # _____ - _____ - _____ Date: _____

Individual ID Number: _____

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 I am subject to a court order for the support of one or more children and am **not** in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.

AGENT INFORMATION

NAME: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone: (_____) _____

AGRICULTURAL GROUND: B1 B2 B3 B4 B5

URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7

Applicant Signature: _____ Social Security # _____ - _____ - _____ Date: _____

Individual ID Number: _____

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A=Agent O=Operator P=Principal PP=Primary Principal

Category restrictions: d=insects only g=no shade & fruit trees h=restricted to shade/fruit trees i=restricted to rodent burrows j=restricted to agric fumigation
k=no weeds l=restricted to weed control m=inspections only n=restricted to sewer root control

For Departmental Use Only

Insurance Checked By: _____ Date: _____ License Approved By: _____ Date: _____

License Issued By: _____ Date: _____ Receipt No. _____

License Status New Renewal Permanent Nevada License Number: _____ Date Mailed _____