



**AERIAL / AGRICULTURAL GROUND BUSINESS LICENSE APPLICATION FOR 2024**



**RETURN THIS APPLICATION TO:**  
2300 E Saint Louis Ave., Las Vegas, NV 89104  
Phone (702) 668-4590

Applicant: A. Individual \_\_\_\_\_  
B. Partnership: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
C. Corporation: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

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

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>	<u>Applied For</u>	<u>Approved</u>	B. <u>Ag. Ground</u>	<u>Applied For</u>	<u>Approved</u>
1. Ag. Plant Pests.....	<input type="checkbox"/>	_____	1. Ag. Plant Pests.....	<input type="checkbox"/>	_____
2. Weeds .....	<input type="checkbox"/>	_____	2. Weeds .....	<input type="checkbox"/>	_____
			3. Vertebrate Pests .....	<input type="checkbox"/>	_____
			4. Soil Fumigation.....	<input type="checkbox"/>	_____

**FEES**

Business License Fee ..... 1 x \$250.00 = \$ **250.00**  
 EACH Principal and Operator..... \_\_\_\_\_ x \$ 50.00 = \$ \_\_\_\_\_  
 LATE fee (due after 12/31/2021)..... \_\_\_\_\_ x \$ 125.00 = \$ \_\_\_\_\_  
 Total Fees = \$ \_\_\_\_\_

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

1. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ 2. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 3. \_\_\_\_\_ 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

1. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ 2. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**AERIAL EQUIPMENT**

<u>Type or Make of Aircraft</u>	<u>Tail number "N"</u>	<u>Hopper or Tank Capacity</u>	<u>Pressure (PSI)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_