



PEST CONTROL BUSINESS LICENSE (GROUND) APPLICATION for 20__

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

B. <u>Ag. Ground</u>	<u>Applied For</u>	<u>Approved</u>	C. <u>Urban/Structural</u>	<u>Applied For</u>	<u>Approved</u>
1. Ag. Plant Pests	<input type="checkbox"/>	_____	1. Limited Landscape	<input type="checkbox"/>	_____
2. Weeds	<input type="checkbox"/>	_____	2. Industrial & Institutional.....	<input type="checkbox"/>	_____
3. Vertebrate Pests.....	<input type="checkbox"/>	_____	3. Structural.....	<input type="checkbox"/>	_____
4. Soil Fumigation.....	<input type="checkbox"/>	_____	4. Fumigation.....	<input type="checkbox"/>	_____
			5. Aquatic.....	<input type="checkbox"/>	_____
			6. Weeds	<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 = \$ _____

LATE Fee (Due after December 31st)...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: (____) _____

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

Pest Control / Company Renewal-Principal License Plant Industry



Urban and Structural Principal License

(Departmental Use Only, Lic.#: _____)

Primary Principal
 Location Principal
 Principal

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: (____) _____

Are you a Nevada Resident? Yes No

Drivers License State/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
 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.

I have acquired the minimum number of Pesticide CEU's necessary to re-instate my Nevada pest control license.

Course #	Course Title	Provider	CEU's

Applicant's Social Security number: _____ - _____ - _____

Signature of applicant: _____

Date: _____

Agricultural Ground

Urban/Structural

B1 B2 B3 B4

C1 C2 C3 C4 C5 C6 C7

For Departmental Use Only

COMPANY NAME: _____ COMPANY NUMBER _____

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

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

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

405 South 21st St.
Sparks, NV 89431

2300 East St. Louis Ave.
Las Vegas, NV 89104

4780 East Idaho St.
Elko, NV 89801