Pest Control Business License (Ground) Application for _____

Return this application to:

2300 E. St. Louis Ave., Las Vegas, NV 89104
(702) 668-4590 / Fax (702) 668-4567

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: _____
Phone:_____Phone:_____Email:_____
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.	**Aerial**	Applied For	Approved	**C.**	**Urban/Structural**	Applied For	Approved
1	Ag. Plant Pests	☐		1	Limited Landscape…….	☐	_____
2	Ag. Weeds	☐		2	Industrial & Institutional	☐	_____
				3	Structural……	☐	_____
B.	**Ag. Ground**			4	Fumigation…….	☐	_____
1	Plant Pests…….	☐	_____	5	Aquatic……..	☐	_____
2	Weeds……..	☐	_____	6	Weeds……	☐	_____
3	Vertebrate Pests	☐	_____	7	Preservation of Wood…	☐	_____
4	Soil Fumigation	☐	_____	8	Golf/Sports Complex	☐	_____

Business License Fee ___1___ x $250 = $250.00
EACH Operator or Consultant _____x $50 = $_____
EACH Agent _____x $350 = $_____
Late fee required for renewal after January 1 $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:_____

1._____ 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 #1
1._____ Cell Phone: _____Responsible for categories:_____

1._____ Cell Phone: _____Responsible for categories:_____

Applicant's Signature: _____ Date: _____