



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. Individual _____
 B. Partnership: 1. _____ 2. _____ 3. _____
 C. Corporation*: _____
 * If a corporation, attach a current certificate of incorporation and list of officers filed with the Nevada Secretary of State.

Doing Business As: _____

Physical Business Address: _____

Mailing Address: _____

Out of State Mailing: _____

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

Federal Identification Number: _____

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| <p>Does this business have a State Business License issued by the Nevada Secretary of State per NRS Chapter 76?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes enter number: _____</p> |
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License Categories

| B. Ag. Ground | Applied For | Approved | C. Urban/Structural | Applied For | Approved |
|--------------------------------|--------------------------|----------|------------------------------------|--------------------------|----------|
| 1. Insect pests..... | <input type="checkbox"/> | _____ | 1. Limited landscape..... | <input type="checkbox"/> | _____ |
| 2. Weeds..... | <input type="checkbox"/> | _____ | 2. Industrial & institutional..... | <input type="checkbox"/> | _____ |
| 3. Dessicants & defoliant..... | <input type="checkbox"/> | _____ | 3. Structural..... | <input type="checkbox"/> | _____ |
| 4. Fungi pests..... | <input type="checkbox"/> | _____ | 4. Fumigation..... | <input type="checkbox"/> | _____ |
| 5. Vertebrate pests.... | <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 Applicator or Consultant..... x \$ 50.00 = \$ _____
 EACH Agent x \$350.00 = \$ _____
 Late fee required for renewal after January 1.....^(Number) \$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: _____

