

FRANCISCO V. AGUILAR Secretary of State 401 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

	Nevada State	Business	S License			
	Sole Proprietor, General Partn	• •	r" Non-Title 7 Lic	ense		
TYPE OR PRINT - USE I	DARK INK ONLY - DO NOT HIGHLIO	ЭНТ				
1. Type of license filing:	Check the action being taken with this filing:					Changes:
2. Name of Applicant, Member, Owner or Partner:	First Name Additional Partner or Spouse (if spo First Name I declare under penalty of perjury complete to the best of my knowle 239.330, it is a category C felony to in the Office of the Secretary of St	use is to be listed Middle Initial L that the informa edge and belief a to knowingly offe	ast Name ation provided is tru and acknowledge t er any false or forg	ue, correct that pursua jed instrun	Suffix t and ant to NRS nent for filing	
3. Nevada Business ID number: (Required if renewing, amending or	the sole proprietor on the State Bu X Signature of Applicant, Member X Signature of Partner or Spouse Nevada Business Identification N	usiness License	er Date	Title		
canceling) 4. Description of Business: (Required for "Other" type licenses only)						
5. Transacting business name(s): (Required for Partnership and "Other" licenses. Sole proprietor optional)	Name under which applicant tran	isacts or intend	s to transact busir	IESS:		
6. Business Address:	Physical Street Address (required) Country Mailing Address (only if different from abo Country	City ove) City		State	Zip/Postal Code	
7. Additional contact information:	Email address:		Phone number:			

This form must be accompanied by \$200.00 filng fee.