

**CITY OF ELY
BUSINESS LICENSE APPLICATION**
501 Mill Street, Ely, Nevada 89301 - (775) 289-2430 & Fax (775) 289-1463

RECEIVED
MAY 29 2019
OK

Business License # (Issued by City of Ely) 3007 Date Applied 4/9/19
 FULL NAME OF APPLICANT: GARY DEAN PHILLIPS
 BUSINESS NAME OR TRADE NAME: STARDUST RANCH
 BUSINESS STREET ADDRESS: 190 HIGH ST.
 MAILING ADDRESS: LV, NV 89107
 BUSINESS PHONE #: _____ RESIDENCE PHONE #: _____
 EMAIL ADDRESS: _____

Corporation # _____ Sales Tax ID # 1041340915-001
 Contractor # _____ Fed ID / SSN # 84-1917613

DESCRIPTION: PEDDLER: _____ WHOLESALE: _____ PROFESSIONAL: _____ RETAIL: _____ TEMPORARY: _____
 CATERER: _____ CIVIC: _____ SERVICE: HOME OCCUPATION: _____ COMPANY REP.: _____

NATURE OF BUSINESS: _____

FILL IN ONLY THOSE THAT APPLY:

Start Date 5/24/19
 Number of full time employees 6 Number of part time employees 5
 Business frontage in feet 75 Hours in operation 24 HRS
 Non-resident contractor _____ Peddler _____ Hotel/Motel _____

Applying for a liquor license? Yes No _____ *Note for non-resident license holders: There will be a landfill fee of \$48.99 assessed monthly. Cancel the Business License after job(s) are completed and landfill fee will be cancelled.* GP Initials

Certification: I hereby certify that the information supplied above is true and correct to the best of my knowledge and belief.

Signature of Applicant: Gary D Phillips

.....
HEALTH INSPECTOR, BUILDING INSPECTOR AND FIRE MARSHALL

Health permit required: Yes _____ No _____ Date health permit issued: _____ Health Inspector: _____
 Building Inspector: n/a Date: 8/29/19 Fire Marshall: Phillips Date: 8/29/2019

.....
CLASSIFICATION: (FOR OFFICIAL USE ONLY)
 FY 19-20 See Attached

Classification	<u>250</u>	Non-resident	_____
Business frontage in feet	<u>1500</u>	Peddler	_____
Average employees	<u>2000</u>	Trailer (spaces)	_____
Part-time employees	<u>1000</u>	Hotel (rooms)	_____
Hours in operation	<u>500</u>	Rental (homes)	_____
Months in operation	_____	Boarding (units)	_____
Zone location	<u>500</u>	Motel (rooms)	_____
TOTAL POINT VALUES	<u>5750.</u>	Apartment (units)	_____
		Temporary (Days)	_____

LICENSE FEE: 492.89 Prop rate June 30th 2019 41.07 70.24
 CERTIFICATE: The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned that is authorized to sign this application.
24.14

Signature: City Administrator _____ Date _____

**CITY OF ELY
BUSINESS LICENSE APPLICATION**
501 Mill Street, Ely, Nevada 89301 - (775) 289-2430 & Fax (775) 289-1463

Business License # (Issued by City of Ely) _____ Date Applied _____

FULL NAME OF APPLICANT: _____

BUSINESS NAME OR TRADE NAME: _____

BUSINESS STREET ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE #: _____ RESIDENCE PHONE #: _____

EMAIL ADDRESS: _____

Corporation # _____ Sales Tax ID # _____

Contractor # _____ Fed ID / SSN # _____

DESCRIPTION: PEDDLER: ___ WHOLESALE: ___ PROFESSIONAL: ___ RETAIL: ___ TEMPORARY: ___
CATERER: ___ CIVIC: ___ SERVICE: ___ HOME OCCUPATION: ___ COMPANY REP.: ___

NATURE OF BUSINESS: _____

FILL IN ONLY THOSE THAT APPLY: Start Date _____

Number of full time employees _____ Number of part time employees _____

Business frontage in feet _____ Ho _____

Non-resident contractor _____ Peddler _____ H _____

Applying for a liquor license? Yes _____ No _____ Note for non-reside.

fee of \$48.99 assessed monthly. Cancel the Business License after j
cancelled. _____ Initials

Certification: I hereby certify that the information supplied above is true and

Signature of Applicant: _____

XBP Confirmation Number: 66536696

Receipt for Payment to:
City of Ely

Date/Time: 09/04/2019 3:30:13 PM
Transaction #: 111190614CO
Payment Method: Cash
Transaction Status: Successful

HEALTH INSPECTOR, BUILDING INSPECTOR

Health permit required: Yes ___ No ___ Date health permit issued: _____

Building Inspector: _____ Date: _____ Fire Marsh _____

CLASSIFICATION: (FOR OFFICIAL USE)

Classification	250
Business frontage in feet	1500
Average employees	2000
Part-time employees	1000
Hours in operation	500
Months in operation	
Zone location	500

Non-resident
Peddler
Trailer (spaces)
Hotel (rooms)
Rental (homes)
Boarding (units)
Motel (rooms)
Apartment (units)
Temporary (Days)

TOTAL POINT VALUES 5750.

LICENSE FEE: 507.67 Pro rate Sept - June 2020 - 423.06 Plus Liquor

CERTIFICATE: The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned that is authorized to sign this application. 360.50

Signature: City Administrator

Date

784.17