



Occupational and Business Licensing  
 555 Wright Way  
 Carson City, Nevada 89711  
 (775) 684-4690  
[www.dmvnv.com](http://www.dmvnv.com)

## APPLICATION FOR BUSINESS LICENSE AND GARAGE REGISTRATION

License Number \_\_\_\_\_  
(If new applicant, please leave blank)

Individual/Corporate Name \_\_\_\_\_

DBA Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Physical Address \_\_\_\_\_  
Street City State Zip

Business Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Electronic Mail Address \_\_\_\_\_ FEIN \_\_\_\_\_  
(If Applicable)

Dealer (check business activity)	Business Type (one per application)	Schools (business activity)	Emission Control (business activity)	Reason for submittal
<input type="checkbox"/> A. New Motor Vehicle <input type="checkbox"/> B. Used Motor Vehicle <input type="checkbox"/> C. New Trailer <input type="checkbox"/> D. Used Trailer <input type="checkbox"/> E. New Motorcycle <input type="checkbox"/> F. Used Motorcycle <input type="checkbox"/> G. Long Term Lessor <input type="checkbox"/> H. Short Term Lessor	<input type="checkbox"/> I. Rebuilder <input type="checkbox"/> J. Manufacturer <input type="checkbox"/> K. Distributor <input type="checkbox"/> L. Wrecker <input type="checkbox"/> N. Salvage Pool <input type="checkbox"/> O. Transporter <input type="checkbox"/> P. Body Shop <input type="checkbox"/> Class A <input type="checkbox"/> Q. Broker <input type="checkbox"/> R. Garage No. of Mechanics _____ Type of Repairs _____	<input type="checkbox"/> S. Drive School <input type="checkbox"/> Behind the wheel <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> Minors <input type="checkbox"/> T. Traffic Safety School <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> U. DUI School <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet	<input type="checkbox"/> M. Emission <input type="checkbox"/> Test only <input type="checkbox"/> Test & repair <input type="checkbox"/> Fleet, test only <input type="checkbox"/> Fleet, test & repair	<input type="checkbox"/> Original application <input type="checkbox"/> Additional location <input type="checkbox"/> Additional activity <input type="checkbox"/> Deleting activity <hr/> <input type="checkbox"/> Duplicate license <input type="checkbox"/> Change of address <input type="checkbox"/> Change of principal(s) <input type="checkbox"/> Change of corporation <input type="checkbox"/> Change of business name Previous name <hr/> <input type="checkbox"/> Change of curriculum <input type="checkbox"/> Change of class schedule

Dealers selling new vehicles must list vehicle makes franchised to sell:

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Individual    Partnership    LLP    LLC    Corporation   Incorporated in State of \_\_\_\_\_

**OWNERSHIP:** List name and title of each individual, each partner, whether general or limited, or each principal officer, director or stockholder participating in the direction, control or management of the policy of the business. Use separate page if necessary. Ownership change requires notification to the Department.

NAME (LAST, FIRST, MIDDLE)	TITLE

Resident Agent: \_\_\_\_\_

**For Business Applicants Only:**

NAME AND ADDRESS OF BANK AND BUSINESS ACCOUNT NUMBER		
Name of Bank	Address of Bank	Account Number
Name of Bank	Address of Bank	Account Number
If bank account is not carried under same name as shown on this application, under what name is it carried?		
Name of person(s) authorized to draw funds or issue checks from accounts.		

**For Garage Registration Only: Additional Location(s)**

Name of Business	Address	Phone Number and Manager's Name	# of Technicians

I hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my license. I understand that the providing of false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my business license and constitutes a gross misdemeanor under Chapter 482, 483, 487, and 445 B of the Nevada Revised Statutes.

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**NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.**

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Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

ID Verified By \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Authorized Nevada DMV Representative