

[www.diversifynevada.com](http://www.diversifynevada.com)

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## Application for Local Emerging Small Business Certification

An applicant seeking certification as a Local Emerging Small Business in the State of Nevada must submit a complete application to the Nevada Governor's Office of Economic Development. Failure of a business to disclose information in the application, or the submission of a materially incomplete application, may be grounds for a delay in the certification of the business or for denial of the certification. Submission of a falsified application may subject the applicant to civil and criminal liabilities.

**Select one:**

[ ] Tier 1 Local Emerging Small Business	[ ] Tier 2 Local Emerging Small Business
"Tier 1 business" means a business that does not employ more than 20 full time or full-time equivalent employees. If the business is involved in providing construction services, the average annual gross receipts must not exceed \$1.7 million for the three years immediately preceding the date of application. If the business is involved in the sale of goods or providing services other than construction services, the average annual gross receipts must not exceed \$700,000 for the three years immediately preceding the date of application.	"Tier 2 business" means a business that does not employ more than 30 full time or full-time equivalent employees. If the business is involved in providing construction services, the average annual gross receipts must not exceed \$3.5 million for the three years immediately preceding the date of application. If the business is involved in the sale of goods or providing services other than construction services, the average annual gross receipts must not exceed \$1.3 million for the three years immediately preceding the date of application.

**GENERAL INFORMATION**

Legal Name of Business: \_\_\_\_\_

Doing Business As, if any: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Primary Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website (if any): \_\_\_\_\_

Federal Tax ID Number (if any): \_\_\_\_\_

Legal Structure:  Sole Proprietorship  Partnership  Limited Liability Corp. (LLC)  Corporation

Limited Liability Partnership  Joint Venture  Other: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Commercial General Liability Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage Limit: \_\_\_\_\_

Most recent bonding limit (if applicable): \_\_\_\_\_

Is the business involved in providing construction services?

Yes

No

### CAPABILITIES

Please refer to the North American Industry Classification System (NAICS) <http://www.census.gov/eos/www/naics/>

In the first and second columns, enter the NAICS code and NAICS description. In the third column under "Business Capability", identify the products or services in which the qualifying business has expertise and control. See *Example* in the first row. Enter your primary line of work on the first line after the *Example* line.

NAICS CODE	NAICS DESCRIPTION	BUSINESS CAPABILITY
<i>Example: 238320</i>	<i>Painting and Wall Covering Contractors</i>	<i>Commercial painting, wall-paper hanging, texture application</i>

### GROSS RECEIPTS

Provide the past three years total annual gross receipts for the business as reported on federal tax returns, or those filed since the business has been in operation, if that is less than three years.

YEAR	TOTAL ANNUAL GROSS RECEIPTS \$

If the business has been in operation for less than one year, provide the total gross receipts from the date the business was established to date of this application: \$ \_\_\_\_\_

**EMPLOYEES**

Number of full-time or full-time equivalent employees: \_\_\_\_\_

*The hours worked by part-time and seasonal employees must be converted into full-time equivalent hours by dividing by 2,080 the total hours worked for the applicant by all part-time and seasonal employees.*

**OWNERSHIP**

Is the business a subsidiary or parent company belonging to a group of firms that are owned or controlled by the same persons?  NO  YES

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LICENSES**

**Nevada State Business License:** *(Required for all applicants, must not be expired as of the date of application)*

Nevada Business ID \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Nevada State Contractor's License: (if applicable)**

Contractor's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Other Required Licenses for your business/industry to operate: (if applicable)**

License Type	Issuing Agency	License Number	Expiration Date

**To qualify as a Local Emerging Small Business, the applicant must:**

- Submit a completed application to the Nevada Governor’s Office of Economic Development;
- Be a Local Business;
- Be in existence, operational and operating for a profit;
- Maintain its principal place of business in Nevada;
- Be in compliance with all applicable licensing and registration requirements;
- Not be a subsidiary or parent company belonging to a group of firms that are owned or controlled by the same persons if, in aggregate, the group of firms does not qualify pursuant to program requirements;
- Be qualified as either a Tier 1 Local Emerging Small Business or a Tier 2 Local Emerging Small Business.

The Nevada Governor’s Office of Economic Development reserves the right to request additional documentation from certified Local Emerging Small Businesses as needed in order to determine continued qualification and eligibility for the program. Following a request, documentation shall be submitted within 30 days, otherwise certification may be revoked.

It is the responsibility of the applicant to ensure that the Nevada Governor’s Office of Economic Development has a current business address, email address, and phone number. The applicant shall notify the Nevada Governor’s Office of Economic Development of any changes in the information provided in its application that may affect its continued eligibility.

Certification as a Local Emerging Small Business is valid until 2 years after the last day of the month in which it is issued or renewed, unless certification is renewed.

**I DECLARE, AS A DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT LISTED HEREIN, THAT THE APPLICANT IS QUALIFIED AS EITHER A TIER 1 OR TIER 2 LOCAL EMERGING SMALL BUSINESS.**

**I FURTHER DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND SUPPORTING DOCUMENTS IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_