

# Pyramid Lake Tax Department

PO Box 256, Nixon, NV 89424

775-574-1000

## PHYSICAL/REMOTE RETAILER'S PERMIT APPLICATION

Print legibly

Account No.: \_\_\_\_\_

PLPT Business License No.: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Legal Name of Corporation: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
City State Zip Code

Business Street Address: \_\_\_\_\_  
City State Zip Code

Corporate Address: \_\_\_\_\_  
City State Zip Code

Location of Accounting Records: \_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_

Reason for Filing Application:

- Original
- Change in Ownership
- Location Change
- Mailing Address Change
- Add Location
- Name Change
- Reinstatement
- Update File
- Other (Explain) \_\_\_\_\_

**Branches in Nevada Using the Same Firm Name Must Be Listed Below (Attach additional sheets if needed):**

Business Locations: \_\_\_\_\_  
City State Zip Code

Will sell alcoholic beverages?  Yes  No Will sell cigarettes?  Yes  No

Is there any environmental concerns? \_\_\_\_\_

What is the primary nature of this business? (Be specific) \_\_\_\_\_

Date your business started in Nevada: \_\_\_\_\_ Federal Tax Identification No. OR, if none, SSN: \_\_\_\_\_  
Month/Day/Year

Type of Organization (Check One)  Individual  Partnership  Corporation  
 Other (Explain) \_\_\_\_\_

**LIST OWNER, PARTNERS, OR OFFICERS (Attach additional sheets if needed):**

President/Owner (Full Name): \_\_\_\_\_ SSN: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Vice-President (Full Name): \_\_\_\_\_ SSN: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Secretary (Full Name): \_\_\_\_\_ SSN: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Treasurer (Full Name): \_\_\_\_\_ SSN: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Is business:  Part-time  Full time (If part-time, give your regular place of employment): \_\_\_\_\_

Estimated total monthly receipts: \$ \_\_\_\_\_ Estimated taxable Nevada monthly receipts: \$ \_\_\_\_\_

**FEE: There is a NON-REFUNDABLE FEE OF \$50.00 for every business location.**

Total business locations: \_\_\_\_\_ Fees required: \$ \_\_\_\_\_

Have you ever been issued a Tribal sales or use tax permit?  Yes  No

If "Yes", indicate:  Active  Cancelled Account No.: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Was current business purchased from a former owner or operator?  Yes  No

If "Yes", did you acquire all or part of the business?  All  Part Former Account No.: \_\_\_\_\_

Former Owner's Name: \_\_\_\_\_ Former Firm Name: \_\_\_\_\_

**CERTIFICATION:** The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned who is authorized to sign this application.

\_\_\_\_\_  
Signature Title Date

**OFFICE USE ONLY**

Check No.: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Initials: \_\_\_\_\_

Tax Commission:  Approved  Denied \_\_\_\_\_ Date Tribal Council:  Approved  Denied \_\_\_\_\_ Date