DA STANISHIGHTON TO THE STANISH COLL PROS

STATE FIRE MARSHAL DIVISION

107 Jacobsen Way Carson City, NV 89711 Tel: (775) 684-7530 Fax: (775) 684-7518

INTERIOR DESIGN LICENSE APPLICATION

Please use the Tab Key

Trease use the Tub Key									
■ New Application ■ Renewal Application ■ Address Change / Replacement + \$14.00 ■ Name Change + \$14.00									
Please ensure you are applying for the	he correct	Licenses and	d updates as there are <u>N</u>	O REFUNDS					
Initial Application for Furniture, Fixture	es and Equ	uipment (FF	&E) <u>Must</u> Include the Fo	ollowing:					
Fee (Company and Individual \$120.00, Additional Individuals are \$56.00 Each) Application									
Transcript Reflecting Completion of Classes in Building and Fire Codes or Certificate of Completion in Interior Design									
Renewal Applications Must Include the Following:									
Fee (Company and Individual \$56.00, Additional Individuals are \$56.00 Each) Application									
Name of Firm:									
Address of Firm:									
	I a	T ==	-						
City:	State:	Zip:	Email:						
Business Telephone:	siness Telephone: Business Fax:								
Secretary of State Business License Number: NV									
Tax Identification Number (TIN):									
Applying to do Business as:									
☐ Sole Proprietor ☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☐ General Partnership									
☐ Joint Venture ☐ Government ☐ Not for Profit ☐ Other									

GIVE NAME OF OWNER: If applicant is a partnership, give name of each partner. If a corporation, give name of officer and manager responsible for each type of service for which license is sought. [THIS INFORMATION IS MANDATORY]

Name:			Title:					
Date of Birth:			Social Security Number:					
Name:			Title:					
Date of Birth:			Social Security Number:					
Resident Agent:								
Agent Address:								
City:	State:		Zip:	Zip: Business Telephone:				
List of Employees Name			C of R Number		R Number	Expiration Date		
Liability Insurance Information Name of Carrier:								
Address of Carrier:	1							
City:	State:		Zip:		Local Agent's Name:			
Business Telephone:			Business 1	Fax	:			
Has your firm ever been convicted, either administratively or criminally of violating the Nevada Revised Statutes, State Fire Marshal Regulations in this state? Yes No Have any of the owners or principals of the firm been convicted, either administratively or criminally of violating the Nevada Revised Statutes, State Fire Marshal Regulations in this state? Yes No If you answered yes on either of these two questions, please attach a separate sheet with the explanations of the convictions and what the outcomes and penalties were.								
I hereby certify that I am familiar with the Nevada Revised Statutes and the Nevada State Fire Marshal Regulations and that all statements made by me on this application are to best of my knowledge true and correct. I am aware of the provision of Chapter 616 of the Nevada Revised Statutes relating to Industrial Insurance for employees. I also understand that any false statements or material misrepresentations on this application may be cause for denial, suspension or revocation of the license.								
I hereby authorize the Nevada State Fire Marshal and any of their properly authorized assistants to enter, examine and inspect any premises, building, room or establishment related to the business to determine compliance with the provisions of State Law Regulations and Standards adopted by the Nevada State Fire Marshal.								
INSTRUCTIONS FOR SIGNING: An application partnership must be signed by each partner - An app								
Signature			Title					
Signature	EVAR	Neva	da Departme	ent	Title of			

DEDICATION PRIDE SERVICE