



SPRING CREEK ASSOCIATION
 401 Fairway Blvd.
 Spring Creek, NV 89815
 Ph: (775) 753-6295 Fax: (775) 753-9539

COMMERCIAL BUSINESS PERMIT APPLICATION

APPLICANT INFORMATION

Business Name / DBA:		
Applicant Name:		Phone:
Business Address:		
City:	State:	ZIP Code:
Own Lease <i>(Please circle)</i>	How long at current location?	
Legal Property Owner as recorded with County:		
Location of Property:		
Type of Occupation being proposed:		
Does anyone at this location currently have a home occupation or commercial business license? [] YES [] NO		
Hours/Days of Operation:		
Equipment/Materials used for this occupation (if applicable):		
Describe any vehicles associated with this occupation (if applicable):		
Number of Parking Spaces on property:		
Certifications or State Licenses required for this occupation (if applicable):		
Duration of Business: 1 day Temporary ____ 2 to 30 day Temporary ____ Seasonal ____ Full Time ____		
Would you like to be added to the SCA List of businesses? Yes ____ No ____		

Gross Receipts:

FILING REQUIREMENTS

Complete Application Form: The application for Commercial Business must be complete and signed with applicable fee paid (see fee schedule attached) in order for staff to begin processing the application. The applicant is encouraged to submit other information and documentation to support the request.

All Permits are approved at a COA Meeting. All permits are renewed annually by January 31st. A reminder notice will be sent in December as a courtesy, however; you are responsible for renewing your permit. Failure to renew by the expiration date will result in a 25% penalty after thirty (30) days and possible denial of future permit applications for the location.

Note: If approved, the applicant must comply with regulations contained in County Code 3-2-18 (G) referencing Conditional Use Permits.

REVOCATION OF APPLICATIONS: The SCA has the authority to revoke an application based upon any violation of the SCA DOR's and/or the current COA Rules & Regulations. Written notice will be mailed to the property/business owner regarding the revocation of an application.

****Property Owner Consent:** If the applicant is not listed in SCA records as one of the legal owners for the physical location of the home occupation, a letter of consent must be obtained from the property owner, or the owner may sign and list their phone number next to their printed name above.

APPLICANT'S SIGNATURE:

PRINT NAME:	Date:
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OFFICE USE ONLY

File # :	Date Filed:	Fee Paid:	Receipt #:
Approved By:			Date:
Approved By:			
Denied By:			Date:
Denied By:			