



ROSS MILLER  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684 5708  
 Website: www.nvsos.gov

**ATTACH FORM ONLY IF CLAIMING A  
 STATE BUSINESS LICENSE EXEMPTION**



\*270101\*

**Declaration of Eligibility for State  
 Business License Exemption**  
 (This form must be notarized)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

This form must accompany the List of Officers only if claiming exemption from the State Business License. Please provide the information requested only for the exemption for which you claim eligibility. Failure to provide the requested information or to notarize this document will result in a rejected filing, which could result in late fees.

Entity Name:  NV Business I.D. Number:

**001 - Governmental Entity**

This entity is an incorporated or unincorporated agency or instrumentality of the United States government or any state government; a corporation wholly owned by the United States government; or county, city, district, or other political subdivision of a state.

**002 - 501(c) Nonprofit Entity**

This entity is qualified as a 501(c) Nonprofit Entity pursuant to Title 26 U.S.C. Section 501(c). Please provide the Internal Revenue Service (IRS) issued **Federal Employer Identification Number (FEIN)**

**003 - Home-based Business**

Are the business activities of your entity conducted solely from a personal residence in Nevada?  Yes  No  
 Please provide the residential address in Nevada from which business activities are conducted:

NV   
 Street City Zip

Is any part of the personal residence held open to the general public in furtherance of this business?  Yes  No

Is any other real property owned, leased, rented, or licensed for use in the furtherance of this business?  Yes  No

Please state the amount of net earnings for the preceding calendar year: \$

**005 - Motion Picture Company**

Is the primary purpose of this entity to create or produce motion pictures, as defined in NRS 231.020?  Yes  No

If yes to above question, does the creation or production of motion pictures occur in Nevada?  Yes  No

If so, please provide Nevada Film Office registration number:

**006 - NRS 680B.020 Insurance Company**

Are the activities of this entity regulated through a license or certificate of authority granted by the Division of Insurance pursuant to NRS Title 57?

Yes  No If yes, provide license number

**I declare under penalty of perjury, as a representative authorized by statute to file on behalf of the above named entity, that the declarations indicated above are true and correct.**

**X**  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ 20 \_\_\_\_\_

by \_\_\_\_\_  
 (Print name of Submitter)

Notary Signature \_\_\_\_\_