



## LANDER COUNTY BUSINESS LICENSE APPLICATION

This application is for a new business wishing to operate within Lander County. Please print legibly or type the information. All fields and information must be provided or the application will not be processed. Please contact the Building and Planning Department for questions or additional information at (775) 635-2860 or by email: [buildingassistant@landercountynv.org](mailto:buildingassistant@landercountynv.org) or [planning@landercountynv.org](mailto:planning@landercountynv.org).

1. Corporate/ Entity Name: Sarah Hruby
2. Name of Business (DBA): Cozy mountain Motel
3. Business Number: (775) 346 1566 Cell/ Home Number: (775) 666 5255
4. Email: cozymountainmotel@gmail Fax: —
5. Physical Address: 40 main st Austin NV 89310  
Street City/ State Zip Code
6. Mailing Address: Box 172 Austin NV 89310  
Street City/ State Zip Code
7. Description of the Nature of Your Business in Detail:  
12 unit motel
8. ☐ Home Based Business ☒ Commercial ☐ Out of County ☐ Non-Profit  
(Located within Lander County)
9. Federal Tax Id Number (EIN) or Social Security Number: SSN  
If you use your Social Security Number please fill in with SSN.
10. Did you include copy? ☐ Yes ☒ No
11. State Business License Number (if applicable): NV20171732580  
Did you include copy? ☒ Yes ☐ No
12. Nevada Department of Taxation Sales Tax Number Or Clearance Letter: \_\_\_\_\_  
Did you include copy? ☐ Yes ☒ No
13. Contractor's License Number (if applicable): \_\_\_\_\_  
Did you include copy? ☐ Yes ☒ No
14. Did you file for Fictitious Firm Name with Lander County Clerk's Office: ☐ Yes ☐ No  
(Application will be denied if you did not file FFN with Lander County Clerk's office or provide a copy of an Article of Incorporation)  
Did you include copy? ☒ Yes ☐ No
15. Owner's Name: Sarah Hruby Owner Phone Number: 775 666 5255  
(If there are, multiple owners please attached their name, title, and photo ID to application.)
16. Owner's Email: sarahhruby@gmail.com
17. Owner's Address: 40 main st Austin NV 89310  
Street City/ State Zip Code
18. Owner' Driver License or ID Number: 64066 20225  
Did you include copy? ☒ Yes ☐ No

19. Applicant's Name: Sarah Hubby Applicant's Phone Number: 775-444-5255

20. Applicant's Email: Sarahhubby@gmail.com

21. Applicant's Address: 40 main st Austin NV 89310  
Street City/ State Zip Code

22. Applicant's Driver License or ID Number: 0406070225

Did you include copy? ☒ Yes ☐ No

**NOTE: If the account manager differs from the applicant, please provide their contact information with application.**

23. If you have acquired the business from another owner or have changed the name of the business, please list prior owner and/ or prior name.

Previous Owner: \_\_\_\_\_

Business Name (Previous): \_\_\_\_\_

24. Building Information:

- a. Is the Property Commercial? ☒ Yes ☐ No
- b. Will the Occupancy of the building be changing? ☐ Yes ☒ No
- c. Has the building been vacant for longer than six (6) months? ☐ Yes ☒ No
- d. Are you making any construction changes to the building? ☐ Yes ☒ No

If yes, please specify changes: \_\_\_\_\_

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, is a category C felony, to knowingly offer any false or forged instrument for filing.

[Signature] Sarah Hubby owner  
Signature of Responsible Party Print Name and Title Date

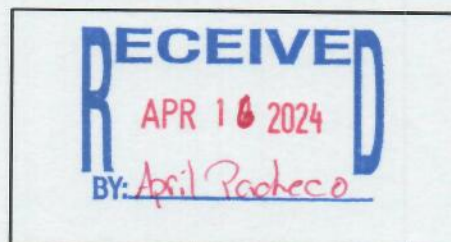
\_\_\_\_\_  
Signature of Responsible Party Print Name and Title Date

THIS SECTION IS FOR OFFICE USE ONLY:

Reference Number: B2-1498

Need Building Inspection: ☐ Yes ☒ NO

Inspection Date: \_\_\_\_\_



Stamp Received