

## Pahrump Pride 2011 Exhibitor Application Form

Please read carefully, incomplete applications will NOT be processed and fees will be returned! SNAPI reserves the right to refuse any application for any reason. Refused applications will be returned with a full refund of fees paid. SNAPI will confirm receipt and processing of your application via email. If an email address is not provided, confirmation will NOT be sent.

Set-up Time: Saturday, August 20, 2011 at 9am

*If you need more than 1 hour to setup please notify Christine Grevich at Saddle West at (775) 727-1111 ext. 554*

Exhibitors will be in the Saddle West Bingo Room

Show Time: Saturday, August 20, 2011 from 10am to 4:30pm.

*Please note the showroom needs to be cleared by 5pm to setup for Bingo.*

Each Exhibitor will be given (1) 8' table and 2 chairs

### Organization Information:

Name of Business, Organization, Individual or Non - Profit Entity:

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Business License # or Non Profit# please provide copy with application:\*

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Name of Contact Person Attending Event (If different from above):

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Items to be displayed or sold:

Vendors will be prohibited from selling fire arms, weapons, pornography, merchandise sexual in nature, alcohol or any illegal substances or materials.

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### Mailing Address:

Street: City/State/Zip:

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Phone #:

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Cell #: E - Mail: (Needed for confirmation notification)

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Website:

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**Non Profit Status:** (Please include copy of documentation) **Non - Profit?** // Yes // No

**501(c)3 #:** Please provide copy of 501C3

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**Business License #:**

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**Type of Products/Information provided/sold at your booth** (please list here or attach list):

\*If you do not have a Business License you must submit a completed One Time Sales Tax Form. Please see the attached form in this packet. There needs to be (3) copies of this form completed.

- 1 copy needs to be sent to the Nevada Department of Taxation at: 2550 Paseo Verde Parkway Suite 180 Henderson, Nevada 89074 along with any sales tax collected.
- A 2<sup>nd</sup> copy needs to be returned to SNAPI along with this Exhibitor Application.
- A 3<sup>rd</sup> copy is for the Exhibitor

**In addition to the Business License, 501 (c)3 Documentation or One Time Sales Tax Form exhibitors must also submit a completed, signed and notarized Child Support Declaration and Affirmation of Compliance.**

## 2011 Pahrump Pride Exhibitor Application

Since this is our first year, we will not be doing tents, we will be selling table space instead. We are very limited in space so first come first served, please sign up early.

Tables: includes 1- 8' table and 2 chairs  
Regular Price: \$35.00

Non - Profit (501(c)3 Documentation Required)  
Regular Price: \$25.00

### Method of Payment:

Check or Money Order (included)

Credit Card

Card Type: // Visa // MasterCard // Amex

TOTAL: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City/State/Zip: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Special Notes/Requests:

Please send payment to:

Checks and money orders will be collected on Saturday morning.  
Please make checks payable to Southern Nevada Association of Pride, Inc.

## 2011 Pahrump Pride Exhibitor Application Application Agreement

The Applicant understands use granted her/him by SNAPI is a LICENSE TO OCCUPY and is not coupled with an interest in the property and SNAPI retains the right to terminate this license to occupy at any time during the term of the Applicants use.

If, in the sole determination of SNAPI,

- (1) the Applicant is found to have falsified any of the statements contained in this Application;
- (2) the Applicant is found to have changed or added to the use described in this Application;
- (3) the Applicant creates a nuisance to SNAPI, its Licensees and/or its Guests; and/or
- (4) the Applicant's use of the premises in any other way interferes with orderly, safe and successful conduct of the Festival, this application may be cancelled by SNAPI with no refund of fees.

The Applicant also agrees

- (1) To furnish all equipment (except as expressly stated in this agreement), inventory, supplies and personnel necessary to the operation of her/his booth;
- (2) To leave the area fully clean and clear of refuse upon check - out
- (3) To sell/distribute only the items listed in the Application order and to make no changes to these items without written consent of SNAPI; and/or Saddle West
- (4) To indemnify and hold harmless SNAPI/Saddle West against any and all liabilities arising from the conduct of the operations covered by this contract.
- (5) Breakdown and remove all personnel property and clean up the area used.
- (6) Sign and submit all applicable forms required: Business License, 501(3)c documentation, One Time Sales Tax, Child Support Declaration and Affirmation of Compliance.

By signing below, I show that I have ready and clearly understand the information contained in this agreement and the responsibilities accorded to me as a participating exhibitor at Pahrump PRIDE Festival.

Name (Please Print Clearly)

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Signature

Date

**NEVADA DEPARTMENT OF TAXATION****ONE TIME SALES TAX RETURN**

Remit Payment to the Address Below:

2550 Paseo Verde Parkway Suite 180  
Henderson, NV 89074

TID No.: 1003047793

Number of Returns Issued: 10 To Be Returned By: 9/5/11

Name of Event: PAHRUMP PRIDE

Event Date(s): 08/19/11 - 08/20/11

Location of Event: SADDLE WEST CASINO, 1220 S HWY 160 PAHRUMP, NV 89048

Name of Business or Individual: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_ EIN / SSN or TID: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gross Taxable Sales: \_\_\_\_\_ Tax Rate: Nye - 7.10% Sales Tax Due: \_\_\_\_\_

Signature: \_\_\_\_\_ Assigned Space No.: \_\_\_\_\_

Owner/Partner/Corporate Officer

Pursuant to NRS 372.055 every vendor who makes sales more than twice in a twelve (12) month period must register as a seller in the State of Nevada.

If payment is by check or money order, please make it payable to the Department of Taxation for the full amount of sales tax due. This return must be filed even though no taxable sales were made.

**Department Copy**  
TXR-01.04 ONE TIME TAX RETURN  
Rev 10-21-10**NEVADA DEPARTMENT OF TAXATION****ONE TIME SALES TAX RETURN**

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**Promoter's Copy**  
TXR-01.04 ONE TIME TAX RETURN  
Rev 10-21-10**NEVADA DEPARTMENT OF TAXATION****ONE TIME SALES TAX RETURN**

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Gross Taxable Sales: \_\_\_\_\_ Tax Rate: Nye - 7.10% Sales Tax Due: \_\_\_\_\_

Signature: \_\_\_\_\_ Assigned Space No.: \_\_\_\_\_

Owner/Partner/Corporate Officer

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If payment is by check or money order, please make it payable to the Department of Taxation for the full amount of sales tax due. This return must be filed even though no taxable sales were made.

**Seller's Copy**  
TXR-01.04 ONE TIME TAX RETURN  
Rev 10-21-10

# State of Nevada - Department of Taxation

The tax rate sheet is for reference only.

Please see NRS 360.299 for rules on calculating tax due.

## 7.100%

Amount of Sale	Tax	Amount of Sale	Tax	Amount of Sale	Tax	Amount of Sale	Tax	Amount of Sale	Tax
0.01 - 0.07	0.00	8.95 - 9.08	0.64	17.96 - 18.09	1.28	26.98 - 27.11	1.92	35.99 - 36.12	2.56
0.08 - 0.21	0.01	9.09 - 9.22	0.65	18.10 - 18.23	1.29	27.12 - 27.25	1.93	36.13 - 36.26	2.57
0.22 - 0.35	0.02	9.23 - 9.36	0.66	18.24 - 18.38	1.30	27.26 - 27.39	1.94	36.27 - 36.40	2.58
0.36 - 0.49	0.03	9.37 - 9.50	0.67	18.39 - 18.52	1.31	27.40 - 27.53	1.95	36.41 - 36.54	2.59
0.50 - 0.63	0.04	9.51 - 9.64	0.68	18.53 - 18.66	1.32	27.54 - 27.67	1.96	36.55 - 36.69	2.60
0.64 - 0.77	0.05	9.65 - 9.78	0.69	18.67 - 18.80	1.33	27.68 - 27.81	1.97	36.70 - 36.83	2.61
0.78 - 0.91	0.06	9.79 - 9.92	0.70	18.81 - 18.94	1.34	27.82 - 27.95	1.98	36.84 - 36.97	2.62
0.92 - 1.05	0.07	9.93 - 10.07	0.71	18.95 - 19.08	1.35	27.96 - 28.09	1.99	36.98 - 37.11	2.63
1.06 - 1.19	0.08	10.08 - 10.21	0.72	19.09 - 19.22	1.36	28.10 - 28.23	2.00	37.12 - 37.25	2.64
1.20 - 1.33	0.09	10.22 - 10.35	0.73	19.23 - 19.36	1.37	28.24 - 28.38	2.01	37.26 - 37.39	2.65
1.34 - 1.47	0.10	10.36 - 10.49	0.74	19.37 - 19.50	1.38	28.39 - 28.52	2.02	37.40 - 37.53	2.66
1.48 - 1.61	0.11	10.50 - 10.63	0.75	19.51 - 19.64	1.39	28.53 - 28.66	2.03	37.54 - 37.67	2.67
1.62 - 1.76	0.12	10.64 - 10.77	0.76	19.65 - 19.78	1.40	28.67 - 28.80	2.04	37.68 - 37.81	2.68
1.77 - 1.90	0.13	10.78 - 10.91	0.77	19.79 - 19.92	1.41	28.81 - 28.94	2.05	37.82 - 37.95	2.69
1.91 - 2.04	0.14	10.92 - 11.05	0.78	19.93 - 20.07	1.42	28.95 - 29.08	2.06	37.96 - 38.09	2.70
2.05 - 2.18	0.15	11.06 - 11.19	0.79	20.08 - 20.21	1.43	29.09 - 29.22	2.07	38.10 - 38.23	2.71
2.19 - 2.32	0.16	11.20 - 11.33	0.80	20.22 - 20.35	1.44	29.23 - 29.36	2.08	38.24 - 38.38	2.72
2.33 - 2.46	0.17	11.34 - 11.47	0.81	20.36 - 20.49	1.45	29.37 - 29.50	2.09	38.39 - 38.52	2.73
2.47 - 2.60	0.18	11.48 - 11.61	0.82	20.50 - 20.63	1.46	29.51 - 29.64	2.10	38.53 - 38.66	2.74
2.61 - 2.74	0.19	11.62 - 11.76	0.83	20.64 - 20.77	1.47	29.65 - 29.78	2.11	38.67 - 38.80	2.75
2.75 - 2.88	0.20	11.77 - 11.90	0.84	20.78 - 20.91	1.48	29.79 - 29.92	2.12	38.81 - 38.94	2.76
2.89 - 3.02	0.21	11.91 - 12.04	0.85	20.92 - 21.05	1.49	29.93 - 30.07	2.13	38.95 - 39.08	2.77
3.03 - 3.16	0.22	12.05 - 12.18	0.86	21.06 - 21.19	1.50	30.08 - 30.21	2.14	39.09 - 39.22	2.78
3.17 - 3.30	0.23	12.19 - 12.32	0.87	21.20 - 21.33	1.51	30.22 - 30.35	2.15	39.23 - 39.36	2.79
3.31 - 3.45	0.24	12.33 - 12.46	0.88	21.34 - 21.47	1.52	30.36 - 30.49	2.16	39.37 - 39.50	2.80
3.46 - 3.59	0.25	12.47 - 12.60	0.89	21.48 - 21.61	1.53	30.50 - 30.63	2.17	39.51 - 39.64	2.81
3.60 - 3.73	0.26	12.61 - 12.74	0.90	21.62 - 21.76	1.54	30.64 - 30.77	2.18	39.65 - 39.78	2.82
3.74 - 3.87	0.27	12.75 - 12.88	0.91	21.77 - 21.90	1.55	30.78 - 30.91	2.19	39.79 - 39.92	2.83
3.88 - 4.01	0.28	12.89 - 13.02	0.92	21.91 - 22.04	1.56	30.92 - 31.05	2.20	39.93 - 40.07	2.84
4.02 - 4.15	0.29	13.03 - 13.16	0.93	22.05 - 22.18	1.57	31.06 - 31.19	2.21	40.08 - 40.21	2.85
4.16 - 4.29	0.30	13.17 - 13.30	0.94	22.19 - 22.32	1.58	31.20 - 31.33	2.22	40.22 - 40.35	2.86
4.30 - 4.43	0.31	13.31 - 13.45	0.95	22.33 - 22.46	1.59	31.34 - 31.47	2.23	40.36 - 40.49	2.87
4.44 - 4.57	0.32	13.46 - 13.59	0.96	22.47 - 22.60	1.60	31.48 - 31.61	2.24	40.50 - 40.63	2.88
4.58 - 4.71	0.33	13.60 - 13.73	0.97	22.61 - 22.74	1.61	31.62 - 31.76	2.25	40.64 - 40.77	2.89
4.72 - 4.85	0.34	13.74 - 13.87	0.98	22.75 - 22.88	1.62	31.77 - 31.90	2.26	40.78 - 40.91	2.90
4.86 - 4.99	0.35	13.88 - 14.01	0.99	22.89 - 23.02	1.63	31.91 - 32.04	2.27	40.92 - 41.05	2.91
5.00 - 5.14	0.36	14.02 - 14.15	1.00	23.03 - 23.16	1.64	32.05 - 32.18	2.28	41.06 - 41.19	2.92
5.15 - 5.28	0.37	14.16 - 14.29	1.01	23.17 - 23.30	1.65	32.19 - 32.32	2.29	41.20 - 41.33	2.93
5.29 - 5.42	0.38	14.30 - 14.43	1.02	23.31 - 23.45	1.66	32.33 - 32.46	2.30	41.34 - 41.47	2.94
5.43 - 5.56	0.39	14.44 - 14.57	1.03	23.46 - 23.59	1.67	32.47 - 32.60	2.31	41.48 - 41.61	2.95
5.57 - 5.70	0.40	14.58 - 14.71	1.04	23.60 - 23.73	1.68	32.61 - 32.74	2.32	41.62 - 41.76	2.96
5.71 - 5.84	0.41	14.72 - 14.85	1.05	23.74 - 23.87	1.69	32.75 - 32.88	2.33	41.77 - 41.90	2.97
5.85 - 5.98	0.42	14.86 - 14.99	1.06	23.88 - 24.01	1.70	32.89 - 33.02	2.34	41.91 - 42.04	2.98
5.99 - 6.12	0.43	15.00 - 15.14	1.07	24.02 - 24.15	1.71	33.03 - 33.16	2.35	42.05 - 42.18	2.99
6.13 - 6.26	0.44	15.15 - 15.28	1.08	24.16 - 24.29	1.72	33.17 - 33.30	2.36	42.19 - 42.32	3.00
6.27 - 6.40	0.45	15.29 - 15.42	1.09	24.30 - 24.43	1.73	33.31 - 33.45	2.37	42.33 - 42.46	3.01
6.41 - 6.54	0.46	15.43 - 15.56	1.10	24.44 - 24.57	1.74	33.46 - 33.59	2.38	42.47 - 42.60	3.02
6.55 - 6.69	0.47	15.57 - 15.70	1.11	24.58 - 24.71	1.75	33.60 - 33.73	2.39	42.61 - 42.74	3.03
6.70 - 6.83	0.48	15.71 - 15.84	1.12	24.72 - 24.85	1.76	33.74 - 33.87	2.40	42.75 - 42.88	3.04
6.84 - 6.97	0.49	15.85 - 15.98	1.13	24.86 - 24.99	1.77	33.88 - 34.01	2.41	42.89 - 43.02	3.05
6.98 - 7.11	0.50	15.99 - 16.12	1.14	25.00 - 25.14	1.78	34.02 - 34.15	2.42	43.03 - 43.16	3.06
7.12 - 7.25	0.51	16.13 - 16.26	1.15	25.15 - 25.28	1.79	34.16 - 34.29	2.43	43.17 - 43.30	3.07
7.26 - 7.39	0.52	16.27 - 16.40	1.16	25.29 - 25.42	1.80	34.30 - 34.43	2.44	43.31 - 43.45	3.08
7.40 - 7.53	0.53	16.41 - 16.54	1.17	25.43 - 25.56	1.81	34.44 - 34.57	2.45	43.46 - 43.59	3.09
7.54 - 7.67	0.54	16.55 - 16.69	1.18	25.57 - 25.70	1.82	34.58 - 34.71	2.46	43.60 - 43.73	3.10
7.68 - 7.81	0.55	16.70 - 16.83	1.19	25.71 - 25.84	1.83	34.72 - 34.85	2.47	43.74 - 43.87	3.11
7.82 - 7.95	0.56	16.84 - 16.97	1.20	25.85 - 25.98	1.84	34.86 - 34.99	2.48	43.88 - 44.01	3.12
7.96 - 8.09	0.57	16.98 - 17.11	1.21	25.99 - 26.12	1.85	35.00 - 35.14	2.49	44.02 - 44.15	3.13
8.10 - 8.23	0.58	17.12 - 17.25	1.22	26.13 - 26.26	1.86	35.15 - 35.28	2.50	44.16 - 44.29	3.14
8.24 - 8.38	0.59	17.26 - 17.39	1.23	26.27 - 26.40	1.87	35.29 - 35.42	2.51	44.30 - 44.43	3.15
8.39 - 8.52	0.60	17.40 - 17.53	1.24	26.41 - 26.54	1.88	35.43 - 35.56	2.52	44.44 - 44.57	3.16
8.53 - 8.66	0.61	17.54 - 17.67	1.25	26.55 - 26.69	1.89	35.57 - 35.70	2.53	44.58 - 44.71	3.17
8.67 - 8.80	0.62	17.68 - 17.81	1.26	26.70 - 26.83	1.90	35.71 - 35.84	2.54	44.72 - 44.85	3.18
8.81 - 8.94	0.63	17.82 - 17.95	1.27	26.84 - 26.97	1.91	35.85 - 35.98	2.55	44.86 - 44.99	3.19

**Completion of this form is MANDATORY!**

**Child Support Declaration – NRS 266.358, 266.362**

To comply with the Federal Welfare Reform Act and the Nevada State Welfare Division, we are required to ask specific questions regarding child support to all applicants for new licenses and current licensee renewals.

**Please mark the appropriate response below.** (Failure to **mark one** of the three, sign and date the form will result in denial of the application or renewal until this requirement is satisfied.)

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and **am not in compliance** with the order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Business License Employee or Notary Public

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS**  
**AFFIRMATION OF COMPLIANCE**  
**WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

<b>Business Name</b> (Include any name doing business as)	<b>Type of Business</b>	<b>Business Telephone Number</b>	
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Federal Identification No.</b>	<b>Social Security No.</b>	<b>Contractor's Board License No.</b>	
<b>Name of Principal Owner</b> (Please Print)		<b>Principal Owner's Telephone No.</b>	
<b>Principal Owner's Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Identified as: (Complete one section only)

( ) That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

<b>Effective Date of Coverage</b>	<b>Account Number</b>
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( ) That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

( ) That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

<b>Effective Date</b>	<b>Certificate Number</b>
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I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): ( ) Individual ( ) Sole Proprietor ( ) Partnership ( ) Corporation

<b>Name of Applicant</b> (Please Print)	<b>Applicant's Telephone No.</b>
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<b>Applicant's Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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I do hereby affirm that the above information is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Signature of Applicant</b> (To be signed in the presence of the business license office employee)	<b>Applicant's Title</b>
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<b>Witness Signature</b> - (Business License Office Employee)	<b>Name of City or County</b>
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**If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.**

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC



## *INSTRUCTIONS*

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

**IMPORTANT NOTICE:** Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.