



Tip Sheet for Emerging Small Business.

Go to this website for emerging small Business <https://goed.nv.gov/programs-incentives/emerging-small-business/>.

To start your application, choose if you **are New or Renewing your application**, and if you're a **Tier 1 or Tier 2**.

Step 1 of 4

0%

APPLICATION TYPE

Select new application or renew application *

- New Application
- Renew Application

TIER TYPE

Select Tier 1 or Tier 2 *

- Tier 1 Local Emerging Small Business
- Tier 2 Local Emerging Small Business

"Tier 1 business" means a business that does not employ more than 20 full-time or full-time equivalent employees. If the business is involved in providing construction services, the average annual gross receipts must not exceed \$1.7 million for the three years immediately preceding the date of application. If the business is involved in the sale of goods or providing services other than construction services, the average annual gross receipts must not exceed \$700,000 for the three years immediately preceding the date of application.

"Tier 2 business" means a business that does not employ more than 30 full-time or full-time equivalent employees. If the business is involved in providing construction services, the average annual gross receipts must not exceed \$3.5 million for the three years immediately preceding the date of application. If the business is involved in the sale of goods or providing services other than construction services, the average annual gross receipts must not exceed \$1.3 million for the three years immediately preceding the date of application.

NEXT

SAVE AND CONTINUE LATER

Enter the information of your business here Legal name of **business**, **Address**, and **Contact of primary person over the business**.

GENERAL INFORMATION

Legal Name of Business *

Doing Business As, if any

Address *

Street Address

City

State / Province / Region

ZIP / Postal Code

MAILING DETAILS

Mailing Address *

Same as Street Address

Street Address

City

State / Province / Region

ZIP / Postal Code

CONTACT DETAILS

Name of Primary Contact *

First

Last

Title *

Email *

Enter Email

Confirm Email

Phone *

For assistance contact the BCC @775-460-5583 or Blackcommunitycollective1@gmail.com



Enter additional information here. **Legal Structure and Date Business Established** is required on this page.

ADDITIONAL DETAILS

Company Email

Website (if any)

Federal Tax ID Number (if any)

Legal Structure*

Date Business Established*

Commercial General Liability Insurance Carrier

Policy Number

Coverage Limit

Most Recent Bonding Limit (if applicable)



PREVIOUS **NEXT** SAVE AND CONTINUE LATER

Enter the **year your business began.**

Enter the **number of employees.**

Decide who has **ownership of your corporation.**

Additional Years (Use the additional fields below if you want to enter information for more than 3 years.)

Year Total Annual Gross Receipts (USD)

If the business has been in operation for less than one year, provide the total gross receipts from the date the business was established to date of this application:

You may write N/A if not applicable.



EMPLOYEES

Number of full-time or full-time equivalent employees*

The hours worked by part-time and seasonal employees must be converted into full-time equivalent hours by dividing by 2,080 the total hours worked for the applicant by all part-time and seasonal employees.



OWNERSHIP

Is the business a subsidiary or parent company belonging to a group of firms that are owned or controlled by the same persons?*

- Yes
- No

How did you hear about us?



PREVIOUS **NEXT** SAVE AND CONTINUE LATER

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Enter the information below on what your business is capable of.

You will have to apply through the state to get **NAICS code.**

Enter the **Annual gross earnings of your business.** This may be zero if it's a new business.

CAPABILITIES

Please refer to the North American Industry Classification System (NAICS) <http://www.census.gov/eos/www/naics/>.

In the first and second columns, enter the NAICS code and NAICS description. In the third column under "Business Capability", identify the products or services in which the qualifying business has expertise and control. See Example in the first row. Enter your primary line of work on the first line after the Example line.

At least one NAICS Code/Description entry is required. *

NAICS Code	NAICS Description	Business Capability
<input type="text"/>	<input type="text"/>	<input type="text"/>

GROSS RECEIPTS

Provide the past three years total annual gross receipts for the business as reported on federal tax returns, or those filed since the business has been in operation, if that is less than three years.

You must provide at least 1 year of total annual gross receipts or if the business was in operation for less than one year, the total gross receipts from the date the business was established to date of this application.

Year *	Total Annual Gross Receipts (USD) *
Last Year, you may write N/A if not applicable. 2022	Last Year, you may write N/A if not applicable. \$200,000.00
Previous Years, you may write N/A if not applicable. 2021	Previous Years, you may write N/A if not applicable. <input type="text"/>
2020	<input type="text"/>

Additional Years (Use the additional fields below if you want to enter information for more than 3 years.)

Year	Total Annual Gross Receipts (USD)
<input type="text"/>	<input type="text"/>

If the business has been in operation for less than one year, provide the total gross receipts from the date the business was established to date of this application:

You may write N/A if not applicable.

Enter optional **additional licenses** at the top. Enter special additional licenses if your business requires you to have an additional license to perform your work, for example electricians must have special licenses. **Sign and enter your title and date.**



ADDITIONAL LICENSES

Provide information about other required current licenses for your business/industry to operate (if applicable)

License Type	Issuing Agency	License Number	Expiration Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Nevada Governor's Office of Economic Development reserves the right to request additional documentation from certified Local Emerging Small Businesses as needed in order to determine continued qualification and eligibility for the program. Following a request, documentation shall be submitted within 30 days, otherwise certification may be revoked.

It is the responsibility of the applicant to ensure that the Nevada Governor's Office of Economic Development has a current business address, email address, and phone number. The applicant shall notify the Nevada Governor's Office of Economic Development of any changes in the information provided in its application that may affect its continued eligibility.

Certification as a Local Emerging Small Business is valid until 2 years after the last day of the month in which it is issued or renewed, unless certification is renewed.

Written notice of determination will be provided to all applicants within 90 days of receipt of application. Information about certified ESBs will be made public in an online directory.

I DECLARE AS A DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT LISTED HEREIN, THAT THE APPLICANT IS QUALIFIED AS EITHER A TIER 1 OR TIER 2 LOCAL EMERGING SMALL BUSINESS.

I FURTHER DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND SUPPORTING DOCUMENTS IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature *


Type your full name

Title *

Date *

09/06/2023

CAPTCHA

I'm not a robot 

PREVIOUS

SUBMIT

SAVE AND CONTINUE LATER