

**State of Nevada**  
**Department of Business and Industry**  
**Nevada Consumer Affairs**

**RENEWAL APPLICATION FOR REGISTRATION**  
(ORGANIZATION FOR BUYING GOODS OR SERVICES AT A DISCOUNT)

**Business Name:** \_\_\_\_\_

**Required Items – Checklist: PLEASE CHECK ✓ EACH BOX**

- Complete Application for Registration with signed and notarized Sworn Declaration
- \$50,000 surety bond, letter of credit or certificate of deposit made payable to the State of Nevada
- Complete Business Questionnaire with signed and notarized Sworn Declaration
- \$25 Administrative Fee
- Copy of the organization's Nevada business license or authorization to do business as a foreign entity
- Copy of the organization's Certificate of Good Standing

**State of Nevada**  
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**Nevada Consumer Affairs**

RENEWAL APPLICATION FOR REGISTRATION  
ORGANIZATION FOR BUYING GOODS AND SERVICES AT A DISCOUNT

1. **NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS TAX ID#:** \_\_\_\_\_

2. **ADDRESS OF BUSINESS:**  
\_\_\_\_\_

3. **NAME OF OWNER:** \_\_\_\_\_

4. **PARENT COMPANY:** \_\_\_\_\_

5. **SUBSIDIARIES:** \_\_\_\_\_

6. **NAME AND ADDRESS OF REGISTERED AGENT:**  
\_\_\_\_\_

7. **OFFICER, DIRECTOR OR KEY EMPLOYEE WHO IS THE PRIMARY CONTACT FOR THE BUSINESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

8. **NUMBER OF MEMBERS:** \_\_\_\_\_

9. **DESCRIPTION OF FEES FOR MEMBERSHIP:**  
\_\_\_\_\_

10. **NAME, ADDRESS, TELEPHONE NUMBER OF BANK WHERE TRUST ACCOUNT FOR MEMBERSHIP CONTRACT PAYMENTS IS LOCATED:**  
\_\_\_\_\_

**MEMBERSHIP CONTRACT PAYMENTS TRUST ACCOUNT #:** \_\_\_\_\_

**IS BANK FEDERALLY INSURED: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**11. NAME, ADDRESS, TELEPHONE NUMBER OF BANK HOLDING TRUST ACCOUNT FOR PAYMENTS ON GOODS AND SERVICES:**

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**TRUST ACCOUNT NUMBER:** \_\_\_\_\_

**IS BANK FEDERALLY INSURED: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**12. DESCRIBE EXACTLY WHAT YOUR BUSINESS DOES (SERVICES TO MEMBERS, PRODUCTS, OR COMBINATIONS THEREOF) AND HOW YOU GO ABOUT DOING BUSINESS. SUBMIT COPIES OF ANY WRITTEN MATERIALS YOU MIGHT HAVE CONCERNING BUSINESS SALES, PRODUCTS, OR SERVICES.**

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**13. ATTACH A BLANK COPY OF EACH MEMBERSHIP CONTRACT.**

**14. ATTACH A COPY OF WRITTEN DISCLOSURES REQUIRED BY NRS 598.870.**

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**PLEASE NOTE:** If the business is a corporation or limited liability company, an officer of the business must sign this Application for Registration below. If the business is a general partnership or joint venture, a partner or joint venturer, as applicable, of the business, must sign this Application for Registration. If the business is a limited partnership, this Application for Registration must be completed and signed by the general partner. If the business is a natural person this Application for Registration must be signed personally by the business. In addition, this Application for Registration must be subscribed and sworn to in the presence of a Notary Public.

**SWORN DECLARATION**

I, \_\_\_\_\_ (print name), being duly sworn, depose and say that I have read the foregoing Application for Registration and know the contents thereof; that the statements contained therein are true and correct and contain a full and true account of the information requested; and that I am executing this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a registration. I am authorized to sign the Application for Registration on behalf of \_\_\_\_\_ (print applicant's name).

I hereby authorize Nevada Consumer Affairs to investigate the information provided in the foregoing Application for Registration and I expressly waive, release and forever discharge from liability and promise to hold harmless under any and all causes of action, the State of Nevada, Nevada Consumer Affairs, its agents and employees in connection with any such investigation.

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
(Authorized Signatory) / (Owner)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**NOTARY**

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

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

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
(Name of person making statement)

Name of Notary Official: \_\_\_\_\_

Signature of Notary Official: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Stamp

**State of Nevada  
Department of Business and Industry  
Nevada Consumer Affairs**

**ORGANIZATIONS FOR  
BUYING GOODS OR SERVICES AT A DISCOUNT**

This Business Practice Questionnaire must be typed or printed legibly in ink. If additional space is required to answer any questions, please continue on a blank 8 1/2" X 11" sheet of paper and begin each carryover answer with the number of the question being answered.

QUESTIONS	ANSWERS
1. Business Name:	
2. Provide the complete street address of each location, designating the physical location, from which the business will be doing business.	
3. The business' mailing address is:	
4. Briefly describe what goods and/or services the business sells.	
5. List of all telephone numbers to be used by the business with the physical location where each telephone using these numbers will be located.	
6. Provide the following information for each principal officer, director, trustee, shareholder, owner or partner of the business, and of each person responsible for the management of the business. (Attach a separate sheet if needed.)  Name: Current Home Address: Home Phone Number:	

<p><b>7. Has any person in question 6 been convicted of racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion or misappropriation of property or any other felony?</b></p>	<p style="text-align: center;"><u>      </u> <b>YES</b> <span style="float: right;"><u>      </u> <b>NO</b></span></p> <p>If yes, identify the court rendering the conviction; provide the docket number of the matter, the date of the conviction, and the name of the governmental agency that brought the action resulting in the conviction.</p>
<p><b>8. Has any person listed in question 6 or an organization for buying goods or services at a discount for which the person was an owner, officer or director, had a judgment or administrative order entered against them or the organization, that suspended or revoked their or the organization's license or registration?</b></p>	<p style="text-align: center;"><u>      </u> <b>YES</b> <span style="float: right;"><u>      </u> <b>NO</b></span></p> <p>If yes, identify the court or administrative agency rendering the judgment or order; provide the docket or case number of the matter, the date of the judgment or order, the name of the governmental agency, if any, that brought the action resulting in the judgment or order; and briefly describe the matter.</p>
<p><b>9. Is any person listed in question 6 subject to any currently effective injunction or restrictive court order relating to a business activity as the result of any action brought by a federal, state or local agency? This includes any action affecting any license or registration authorizing him to do business.</b></p>	<p style="text-align: center;"><u>      </u> <b>YES</b> <span style="float: right;"><u>      </u> <b>NO</b></span></p> <p>If yes, identify the court or administrative agency issuing the order against the person; provide the docket number of the matter, the date of the order, the name of the governmental agency, if any, that brought the action resulting in the order, and briefly describe the matter.</p>
<p><b>10. Has the applicant/organization for buying goods or services at a discount, its predecessor or affiliate filed bankruptcy, been adjudged bankrupt or been reorganized because of insolvency during the previous seven years?</b></p>	<p style="text-align: center;"><u>      </u> <b>YES</b> <span style="float: right;"><u>      </u> <b>NO</b></span></p> <p>If yes, provide the name and address of the person filing in bankruptcy, adjudged bankrupt or reorganized because of insolvency, the date of the action, the court which exercised jurisdiction and the docket number of the matter.</p>

11. Name and address of each person responsible for a location from which the business will conduct business.	
12. The business' facsimile numbers and e-mail addresses.	Fax # _____ E-Mail _____
13. What is your business type?	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other-Please Specify
14. In which state was the business organized, formed or incorporated? Provide a copy of the document showing the creation of the business.	
15. When did the business first begin to operate in Nevada?	Month _____ Day ____ Year _____
16. Does the business use any assumed or fictitious names to conduct business?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide all such names:
17. Is there a parent company of the business or franchiser?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide all such names:
18. Are there any companies affiliated with the business that will accept responsibility for any statement or act of the business that relates to any sale solicited by the business?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide: Name:  Address:
19. The business is:	<input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit
20. If the business is non-profit, does the business have tax-exempt status as an organization described in section 501 (c) of the Internal Revenue Code?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Does the business have a Business License?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING

22. Does the business, for a consideration, provide or claim to provide a buyer with the ability to purchase goods or services at a price that is represented to be lower than the price generally charged in the area?	_____ YES _____ NO
23. Is the provision of goods or services at a discount the primary purpose of the business?	_____ YES _____ NO
24. Will buyers be required to enter into a contract for membership in the organization before they will be permitted to purchase goods or services at a price that is represented to be lower than the price generally charged in the area?	_____ YES _____ NO
25. What is the consideration for the contract for membership?	\$ _____
26. Is an annual fee required to be paid by the buyer before they will be permitted to purchase goods or services at a price that is represented to be lower than the price generally charged in the area?	_____ YES _____ NO \$ _____
27. Are all payments for membership contracts deposited into the trust account?	_____ YES _____ NO
28. Is all money received from each buyer for goods or services, including charges for freight, delivery, installation or taxes or other charges (unless the total cost is \$50 or less) deposited into a trust account separate from the trust account in which membership contract payments are deposited?	_____ YES _____ NO
29. Is the \$50,000 security being posted by the registrant or the registrant's parent company?	_____ REGISTRANT _____ PARENT COMPANY

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MAIL FORMS TO: Nevada Consumer Affairs, 2300 W. Sahara Ave., Suite 110, Las Vegas, Nevada 89102 - Telephone (702) 486-2750 - Fax (702) 486-2758  
Carson City: 1830 College Parkway, Suite 100, Carson City, Nevada 89706 - Telephone (775) 684-1910 - Fax (775) 684-2998  
[www.consumeraffairs.nv.gov](http://www.consumeraffairs.nv.gov) - Email: [register@business.nv.gov](mailto:register@business.nv.gov) - Toll Free (844) 594-7275

**SWORN DECLARATION**

I, \_\_\_\_\_ (print name), being duly sworn, depose and say that I have read the foregoing Business Questionnaire and know the contents thereof; that the statements contained therein are true and correct and contain a full and true account of the information requested; and that I am executing this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a registration. I am authorized to sign this Business Questionnaire on behalf of \_\_\_\_\_ (print applicant's name).

I hereby authorize Nevada Consumer Affairs to investigate the information provided in the foregoing Business Questionnaire and I expressly waive, release and forever discharge from liability and promise to hold harmless under any and all causes of action, the State of Nevada, Nevada Consumer Affairs, its agents and employees in connection with any such investigation.

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
(Authorized Signatory) / (Owner)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**NOTARY**

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

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

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_  
(Name of person making statement)

Name of Notary Official: \_\_\_\_\_

Signature of Notary Official: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Stamp