

Made In Nevada Application

Company Name: _____
(please Print)

Mailing Address: _____

Physical Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax: _____

E-Mail: _____ Web Site Address: _____

Standard Industrial Classification Code (SIC): _____

Product Description: _____

Product is marketed and distributed through the following media and distribution channels:

Where is your market? _____
(local, state, regional, foreign)

Name all that apply: _____

Years in business in Nevada: _____ Licensed in: _____
(city or county)

Business License Number: _____

Number of permanent employees: _____ Full Time: _____ Part Time: _____

I would be interested in receiving more program information? Yes: _____ No: _____

I hereby certify that the above information is accurate and may be used by the Made In Nevada Program:

Name: _____ Title: _____
(Please print)

Signature _____ Date: _____

Return To:

Made in Nevada
c/o Commission on Economic Development
555 E. Washington Ave., Suite 5400
Las Vegas, NV 89101