



Welcome to the Annual Refiling Survey

Legal Name :
UI Account Number :
State : Nevada

Industry Verification Form, BLS 3023-NVS
Form Approved, O.M.B. No. 1220-0032
Nevada Dept of Employment, Training & Rehab
In cooperation with the U.S. Department of Labor.

This report is mandatory under Nevada State Law, NRS 612.220, and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

Note: If this firm is NO LONGER IN BUSINESS, please complete this report in reference to the firm's previous activity.

The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to this business location and that our records contain the correct name and address. The information collected on the form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law, 29 U.S.C. §2. Your cooperation is needed to make the results of this report comprehensive, accurate, and timely.

Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 minutes per account. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, please contact your State Agency which is located at the bottom of this page. You are not required to respond to the collection of information unless it displays a currently valid O.M.B. number. The O.M.B. control number for this survey is 1220-0032.

If you have questions about the Annual Refiling Survey, please contact:
Nevada Dept of Employment, Training & Rehab
Research And Analysis Bureau
500 E. Third Street
Carson City, NV 89713-0021
PH: 775-684-0499 FAX: (775) 684-0342

If you have questions about the website, please send an e-mail to ars.helpdesk@bls.gov | Version: 1.4



Address and Contact Verification Page

Legal Name :
UI Account Number :
State : Nevada

Please review the information below, and make corrections where needed.

Business Mailing Address

Please review the address below. If the information is incorrect please enter updated information. (*Required Field)

Attention : 

Legal Name : 

Trade Name : 

***Street Address :** 

Additional Address Information : 

***City :** 

***State :** NV 

***Zip Code :** 

Physical Location Address

Please review the address below. If the information is incorrect please enter updated information. Do not include P.O. Box or out of State addresses.

This business has one or more Physical Locations in Nevada.

***Street Address :** 

**Additional
Address
Information**
:



***City :**



State : NV



***Zip Code :**



This business has more than one physical location in Nevada. Do not count client sites or offsite projects that will last less than a year.

This business has employees working in Nevada but no physical location in Nevada.

Please select the County, Township, Island, or Parish where your business is physically located. If you do not know it or it is not listed, please check the box below.

***County :**



I don't know my County or I don't see my County listed above.

Contact Information

Please provide your contact information.

***Contact
Name :**



***Phone
Number :**

***Contact
Email :**

***Confirm
Email :**

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Main Business Activity

Legal Name :
UI Account Number :
State : Nevada

Please review the description of your main business activities, goods, products, or services in this State. This is a general description of your main business activity and may not be an exact match. There may be activities listed in which you do not participate. If the information displayed below is correct for a majority of your business, please check "YES". If it is incorrect for a majority of your business, please check "NO" and click the continue button.

Drinking Places, Alcoholic Beverages

Preparing and serving alcoholic beverages for immediate consumption in bars, taverns, night clubs, or drinking places. These establishments may also provide limited food service.

DOES NOT INCLUDE: Providing alcoholic beverage in combination with food services in restaurant operating a civic or social association with a bar for association members; retailing package; alcoholic beverages for later consumption; or operating alcohol-free discotheques or dance clubs.

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*Does the description above accurately reflect your main business activity during the past 12 months?

YES

NO

If you answer 'NO' you will be able to choose your correct economic activity on the next page.

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Main Business Activity Selection

Legal Name :
UI Account Number :
State : Nevada

Step 1: Search for your Main Business Activity.

Please type in a key word, click "Search", and select the Main Business Activity that most accurately reflects your business (simple key words work best). Example: If you are a Fast Food Restaurant, type "Restaurant" into the search box. If you do not see an appropriate description, you can select "NO" in Step 2 and move on to Step 3.

Type your key word search:

Step 2: Verify your Main Business Activity.

* Does the Main Business Activity selected above accurately reflect your business?

YES, the Main Business Activity selected above accurately represents my business.

NO, I am unable to find an applicable Main Business Activity description.

Step 3: Describe your Main Business Activity.

* Please help us verify your selection in Step 2 by entering a brief description of your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. In addition, please provide the approximate percentage of sales or revenues resulting for each description. Percentages should total 100%. (Maximum 255 Characters)

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Summary Page

Legal Name :
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Attention: Your report is not yet submitted. You must click the Submit button at the bottom of this page to submit your data to BLS.

This is a summary of the data that you are about to submit. If you are satisfied with the information below, please click the "Submit Data to BLS" button. If you need to make any changes, please click the "Edit" link to return to the appropriate screen.

Please remember to **print** this page for your records.

Main Business Activity

[Edit](#)

Industry Verification:

Drinking Places, Alcoholic Beverages

Contact and Address Information

Business Mailing Address

Attention :

Trade Name :

Street Address :

Additional Address Information :

City :

State :

Zip Code :

Physical Location Address

Street Address :

Additional Address Information :

City :

State :

Zip Code :

County :

Contact Information

Edit

Contact Name :

Contact Phone :

Contact Email :

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