

Commercial Business Registration Fee \$35.00 a year

City Ordinance #1172-81 requires that all businesses apply for and obtain a business registration prior to engaging in business.

Please fill the out the following forms **COMPLETELY**.

- 1) **Contact the New Mexico Taxation & Revenue Department to apply for a New Mexico State Tax ID number. (a.k.a CRS number) The Taxation dept is located in Roswell. You will need to get an application, fill it our, fax it to them at (575) 624-6070 and call them at (575) 627-2900 ant they will issue your number over the phone.**
- 2) **All of the form must have the completed general information and the NM State Tax ID number. The license cannot be processed without it.**
- 3) **You will need to contact each department listed for inspections. The license will not be issued without completion of all inspections.**
- 4) **The last information on the page needs to be READ and signed.**
- 5) **The second page also needs to be READ, signed & dated. We will need immediate notification if the business is sold, closed or relocated. And ALL commercial business will be charged a minimum of \$14.23 a month for garbage.**
- 6) **The last page will need to be completed with information in case of an emergency and the fire/police departments need to be notified.**
- 7) **Please bring the COMPLETED form to City Hall. We accept cash, checks, credit or debit card, and money orders. You will receive a bill for garbage every month, which is billed in arrears, and a yearly bill to renew your business license every January.**

CITY OF CLOVIS
 PO BOX 760, CLOVIS NM 88101
 (575) 769-7830

COMMERCIAL BUSINESS
BUSINESS REGISTRATION APPLICATION FEE: \$35.00

CITY ORDINANCE #1172-81 REQUIRES THAT ALL BUSINESSES APPLY FOR AND OBTAIN A BUSINESS REGISTRATION PRIOR TO ENGAGING IN BUSINESS.

THE REQUESTED INFORMATION AND APPROVALS ARE REQUIRED TO PROMOTE THE GENERAL HEALTH AND WELFARE OF THE CITIZENS OF CLOVIS AND TO PROPERLY ESTABLISH BILLING ARRANGEMENTS. NO APPLICATION WILL BE ACCEPTED UNTIL ALL INFORMATION AND APPROVALS ARE COMPLETED.

DATE OF APPLICATION		TYPE
BUSINESS NAME		BUSINESS PHONE
BUSINESS LOCATION		HOME ENTERPRISE: YES NO
BUSINESS MAILING ADDRESS		
CITY	STATE	ZIP
OWNER NAME		
HOME ADDRESS		HOME PHONE
NEW MEXICO'S STATE TAX NUMBER		
APPLICANT'S DATE OF BIRTH		SOCIAL SECURITY #
DRIVER'S LICENSE NUMBER		STATE

ARE YOU THE PROPERTY OWNER ON WHICH THE BUSINESS IS LOCATED? YES NO
NAME & ADDRESS OF NEAREST RELATIVE:

DEPARTMENT	ACTION TAKEN	DATE	SIGNATURE
ZONING ZONE:			
INSPECTIONS 769-7829			
FIRE DEPT. 763-9211			
EID 762-3728			
SANITATION 769-2376			
WASTEWATER 769-2376			

ALL BUSINESS WILL BE CHARGED A MINIMUM OF \$14.23 PER MONTH FOR REFUSE. IMMEDIATE NOTIFICATION IS REQUIRED IF THE BUSINESS IS SOLD, CLOSED OR RELOCATED. THE BUSINESS IS RESPONSIBLE FOR ANY ADDITIONAL BILLING PLUS INTEREST THAT IS ASSESSED AT THE RATE OF 1.5% PER MONTH IF THE CITY IS NOT NOTIFIED OF CHANGES. LICENSE REGISTRATION FEES ARE NON-TRANSFERABLE AND WILL NOT BE PRORATED.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION.

SIGNATURE _____ **DATE** _____

City of Clovis

Business License Information

- All Businesses will be charged a minimum of \$14.23 per month for garbage.
- Business License will be billed every January for renewal.
- It is the RESPONSIBILITY OF THE BUSINESS to notify the city of any change in mailing address and/ or location.
- IMMEDIATE NOTIFICATION is required if the business is SOLD OR CLOSED. Otherwise the business is responsible for any additional billing plus related interest at the rate of 1.5% per month.
- License Registration fees are NON-TRANSFERABLE and WILL NOT BE PRO-RATED.

I acknowledge that I have read the above information.

Signed

Date

Business Name

CITY OF CLOVIS
Department of Police

EMERGENCY NOTIFICATION

Business Name _____

Business Address _____

Business Phone Number _____

Business Hours of Operation _____

Is there a safe in the Business? _____ If yes, give location _____

Is there an alarm system in the Business? _____

Lights left on? _____ If Yes, give location _____

Owner _____ Home Phone _____

Home Address _____

Contact person(s) other than yourself that can be contacted in case of an emergency.

Name	Home Address	Home Phone
#1	_____	_____

#2	_____	_____
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#3	_____	_____
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#4	_____	_____
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Any special conditions _____

Police use only: Entered into UCR by _____ Date _____