

TOWN OF CARRIZOZO
BUSINESS REGISTRATION APPLICATION
PO BOX 247, CARRIZOZO, NEW MEXICO 88301
TELEPHONE NO. (575)648-2371 FAX NO. (575)648-2366

BUSINESS REGISTRATION RENEWALS ARE TO BE FILED ON OR BEFORE MARCH 15TH OF EACH YEAR (FEE DUE JANUARY 1ST, AFTER MARCH 15TH A DELINQUENT FEE OF \$5.00 WILL BE ASSESSED)

A SEPARATE BUSINESS REGISTRATION APPLICATION FORM MUST BE COMPLETED FOR EACH BUSINESS. A SEPARATE BUSINESS REGISTRATION FORM SHOULD NOT BE COMPLETED FOR EACH LOCATION OF A SINGLE BUSINESS.

() INITIAL APPLICATION () RENEWAL APPLICATION

1. NAME AND ADDRESS OF APPLICANT: _____

2. NAME OF BUSINESS: _____
3. DOING BUSINESS AS: _____
4. STREET ADDRESS OF BUSINESS: _____
5. MAILING ADDRESS OF BUSINESS: _____

6. TELEPHONE NO. _____
7. APPLICANT IS: INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION ___
 - A. For individual – name and address of owner: _____

 - B. For partnership – names and addresses of owners: _____

 - C. For corporation – names and addresses of Officers:
President: _____
Vice-President: _____
Secretary: _____
Treasurer: _____

8. PLEASE DESCRIBE IN DETAIL, THE NATURE OF THE BUSINESS:

9. NEW MEXICO TAXATION AND REVENUE DEPARTMENT CRS NUMBER:

10. FEDERAL EMPLOYER TAX NUMBER: (If applicable) _____

11. PLEASE PROVIDE COPIES OF NEW MEXICO STATE LICENSE(S), STATE CORPORATION COMMISSION NUMBERS, STATE OF INCORPORATION DOCUMENTS AND ALL APPLICABLE PERMITS. MUST BE ATTACHED HERETO.

12. BUSINESS REGISTRATION FEES ARE NOT PRORATED AND ARE NON-TRANSFERABLE. APPLICATION FOR BUSINESS REGISTRATION MUST BE MADE PRIOR TO THE OPENING OF THE BUSINESS.

The applicant is responsible for ensuring that his/her business complies with all relevant Federal, State and Local Regulations. Issuance of this Business Registration does not imply that such requirements have been met. Applicants hereby affirm that the statements and information on this application are true and correct to the best of his/her knowledge, information and belief.

SIGNED: _____ DATE: _____

DO NOT WRITE IN THIS SPACE, FOR ADMINISTRATIVE USE ONLY:

AMOUNT OF BUSINESS REGISTRATION FEE: \$35.00
RECEIVED BY: _____
RECEIPT NUMBER: _____
DATE PAID: _____