



BUSINESS REGISTRATION APPLICATION # BR _____
COMMUNITY DEVELOPMENT DEPARTMENT
1203 N. HUDSON/PO Box 1188
SILVER CITY, NM 88062 (575)534-6348/FAX (575)534-6381



The purpose of this permit is to register a new business, a relocated business or a home business. The annual fee for the business registration is \$20.00. In addition a \$25.00 fee may be charged for safety inspection.

PLEASE USE BLACK PEN ONLY

BUSINESS INFORMATION:

Business Name: _____ **Owner's Social Security Number** _____

NM CRS #: _____ **Federal ID #:** _____

____New business ____Relocation of existing business ____Home business

Give a brief Description of the business: _____

Initial application? ____Yes ____No

BUSINESS OWNER INFORMATION:

Name: _____ **Title:** _____

Mailing address: _____

Phone: _____ **Alternate phone:** _____ **Fax:** _____

BUSINESS LOCATION(S): (Please list all locations where business may be conducted.)

Street address: _____

Zoning (please circle one): Rural Residential A Residential B Residential C Commercial Industrial

Proprietary interest in property (owner, renter, other): _____

LEGAL DESCRIPTION:

Platted: Lot(s) _____ **Block(s)** _____

Subdivision/Addition _____

Section _____ **Township** _____ **Range** _____

Total area: _____ acres or sq. ft **Property code:** 3- _____ - _____ - _____ - _____

(The property code # can be obtained from the County Assessor's Office or from the tax bill)

PROPERTY OWNER INFORMATION (IF APPLICANT IS NOT OWNER AUTHORIZATION LETTER FROM PROPERTY OWNER IS REQUIRED):

Name _____ **Phone:** _____

Mailing Address _____

ALL APPLICANTS MUST SIGN HERE

As the Applicant, I state that the information provided in this application and all attachments is true and accurate to the best of my knowledge. I also certify that I hold all necessary licenses to perform the business for which I am hereby requesting registration. I understand that misrepresentation is grounds for revocation of said business registration.

Applicant Signature _____ **Print Name** _____

Date _____

FOR STAFF USE ONLY

HOME BUSINESS

____ Zoning [Table 151.031 and Section
151.032(A)]

____ Parking [Table 151.073(B)] ____ Signs/Sign
Permit [Section 151.079(B)]

____ Applicant provided with copy of Section
151.032(B)(6), home business regulations

**If business is located in an apartment complex,
written permission from the owner/manager
may be required by staff.**

Written permission required ____ yes ____ no
Submitted Date _____

NEW/RELOCATED BUSINESS

____ New building---Approved Building Permit (Permit # _____)

____ Zoning

____ Signs/Sign Permit [Section 151.079(B)(1)]

____ Parking [Table 151.073(B)] Required spaces _____ Number provided _____

____ Stacking Required spaces _____ Number provided _____

\$25.00 Inspection Fee Required ____ Yes ____ No

Safety Inspection ____ Yes ____ No (Required for all commercial businesses and home day
care businesses)

Inspected On: _____

All safety requirements met _____ (Inspector's Signature)

PAYMENT INFORMATION:

Fee: \$ _____ cash/ck.# _____ Paid (Date): _____ Receipt #: _____

APPROVED:

Yes _____ Town Clerk Designee _____ Date _____

No _____ Reasons _____