Date: _____ 2231 Avenida de Mesilla Permit No.:_____

P.O. Box 10, Mesilla, NM 88046

Phone: (505) 524-3262 Fax: (505) 541-6327

Business Registration Application

_: A separate business registration application form should be completed for each business location.

New _____ Renewal _____

PLEASE PRINT

BUSINESS INFORMATION

Business Address: _____ **Mailing Address:** _____

_____ _____

_____ _____

_____ _____

Total Area of Business: _____ **No. of Employees:** _____ **No. of Parking Spaces:** _____ **Zoning:** _____

e-Mail Address: _____ **Business Phone #:** _____

Type of business (Please describe product(s) and/or service(s):

_____

_____

_____

Business Owner Is: Sole Proprietorship ____ Partnership ____ Corporation ____ Other _____

Current New Mexico Revenue Division ID #:_____

(The location code for reporting earnings received in the Town of Mesilla is 07-303.)

BUSINESS OWNER/APPLICANT INFORMATION

Business Owner's/Applicant's Name (s): _____

Home Address: Mailing Address:

_____ _____

_____ _____

_____ _____

_____ _____

Business Owner's/ Applicant's Phone #:_____

(Please complete other side)

PROPERTY INFORMATION

Is property: owned _____ leased _____

Property Owner: _____

Property Owner Address: _____

_____

_____

Property Owner Phone #: _____

EMERGENCY CONTACT INFORMATION
Responsible party to be called in case of emergency. Enter name in order of contact (please print):

24 HOUR EMERGENCY PHONE #:_____

Name Address Telephone #

1._____

2._____

3._____

Do you have an alarm system? Yes_____ No _____
What Type? _____
Which Company, if any, Responds to Alarms? _____

APPLICANT HEREBY STATES UNDER OATH THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE AND VALID.

_____ _____
Signature of Applicant/Title **Date**

_____ _____
Signature of Building Owner **Date**

Office Use

Receipt Number: _____ **Date of Payment:_____**
Permit Number: _____ **Zone: _____**
Approval Date: _____ **Bus. Type: _____**
Sign Permit Case #: _____ **Renewal Date: _____**

Fire Department Inspection Verification

Fire Department Representative Signature: _____
Fire Inspection Date: _____
Approved: Yes _____No_____