

CITY OF ELEPHANT BUTTE
APPLICATION FOR BUSINESS/LICENSE REGISTRATION

The undersigned owner or authorized agent or representative of the following named and described business does hereby make application for a Business Registration/License pursuant to the City of Elephant Butte's Business Registration/License Fee Ordinance for the fiscal year beginning July 1, 2010 and ending June 30, 2011.

NAME OF BUSINESS: _____

PHYSICAL ADDRESS: _____ Business Phone: _____

E-MAIL ADDRESS: _____ WEB ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

IS THE PHYSICAL ADDRESS ZONED COMMERCIAL? YES _____ NO _____
(If No, This Application Must Be Reviewed By The Planning And Zoning Commission Before Any Registration/License May Be Issued.)

CLASSIFICATION OF BUSINESS:

- | | | |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Utility | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Banking | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Contractor: License Number _____ | <input type="checkbox"/> Other _____ | |

N.M. REVENUE I.D. #: _____
(A N.M. Revenue I.D. # (CRS #) is required of All Businesses in New Mexico therefore, it is also required of All Businesses in Elephant Butte. No Business Registration will be issued without one.)

NAME OF BUSINESS OWNER: _____ TELEPHONE NUMBER _____

ADDRESS OF OWNER: _____

IF YOU ARE NOT THE OWNER OF THE PROPERTY OF THE LAND, YOU MUST HAVE A PERMISSION LETTER FROM THE OWNER OF THE LAND AUTHORIZING THE USE OF THEIR PROPERTY BEFORE BUSINESS REGISTRATION / LICENSE IS ISSUED.

NAME OF REGISTERED AGENT: _____

ADDRESS OF REGISTERED AGENT: _____

BUSINESS REGISTRATION FEE:	\$ 35.00 per year
BUSINESS LICENSE FOR SEASONAL SALES	\$ 200.00 per year

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Date

Business Representative

Title of Representative

NOTICE: BUSINESS REGISTRATION/LICENSE FEE MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.
THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETE.
Please MAKE CHECKS PAYABLE To: The City Of Elephant Butte
And Mail To: P.O. Box 1080, Elephant Butte, NM 87935.

Approval required by Planning & Zoning? Y N If Yes, Date Approved by P & Z _____

DATE APPROVED: _____

By: _____ Registration/License Number: _____
City Clerk / Deputy City Clerk