CITY OF ELEPHANT BUTTE
APPLICATION FOR VENDOR 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 LOCATION: _____ **BUSINESS PHONE:** _____

E-MAIL ADDRESS: _____ **WEB ADDRESS:** _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

What days are you applying for? _____

CLASSIFICATION OF BUSINESS:

- □ Sales
- □ Agriculture
- □ Non-Profit _____
  Non-Profit Corporation Commission Number

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 Vendor 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 LICENSE FOR SEASONAL SALES	**$ 200.00 per year**
TEMPORARY VENDOR LICENSE	**$ 25.00 per day**

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

Please MAKE CHECKS PAYABLE To: **The City Of Elephant Butte**
P.O. Box 1080, Elephant Butte, NM 87935.

DATE APPROVED: _____ **Registration/License Number:** _____

By: _____
Authorized City Official