Application for Business License/Registration & Renewal

215 E. Center Street, P.O. Box 1188, Tucumcari, NM 88401
Phone: (575) 461-3451 | Fax: (575) 461-2049

TYPE OF BUSINESS: ☐ Commercial ☐ Home Occupation ☐ Business at Large ☐ Out of City

Business Name: _____

Primary Contact: _____
First Name Last Name Title

Physical Address: _____
Street City/State Zip

Mailing Address: _____
Street City/State Zip

Phone Number: _____ **E-Mail:** _____

NM CRS/TAX ID Number: _____ **Number of Employees:** _____

TYPE OF OWNERSHIP: ☐ LLC ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Non-Profit

Description of Business: _____

Does your Business require any State or Federal Permits/Licenses? ☐ YES ☐ NO

If you answered yes, please attach a copy of the permit/license with this application.

Signature: _____ Date: _____
Must be an owner, partner, or corporate officer of the organization

Printed Name: _____ Title: _____

FOR CITY USE ONLY

ZONING APPROVAL:

Zoning District: _____ **Subdivision:** _____ **Block:** _____ **Lot:** _____

Zoning File No.

_____ _____ _____
Planning and Zoning Administrator Date

ADMINISTRATIVE APPROVAL:

☐ **Business License** ☐ **Business Registration** **License/Registration Fee** _____

Restrictions: _____

Business License No.

_____ _____ _____
City Clerk Date