

City of Clovis Commercial Business Registration

PO Box 760 Clovis, NM 88102

Registration Fee \$35.00 per year

Initial Fire Inspection Fee \$25.00

City Ordinance #1172-81 requires all businesses apply for and obtain a business registration prior to engaging in business. Please fill out all forms **COMPLETELY**

1. Visit www.tap.state.nm.us to register and receive your NM State Tax ID Number from the NM Taxation & Revenue Department. This is required before we can accept the application for business registration.
2. All commercial businesses in Clovis are required to have inspections done by Building Safety (575-769-7829), Public Works (575-769-2376) and the Fire Department (575-769-7814). Please reach out to each department to schedule these inspections as the application can only be approved once they've all signed off.
3. If the business will be serving food, you'll also have to reach out to the EID for the health inspection. They can be contacted at (575) 762-3728.
4. Please read and sign the Business Registration Billing Consent page as we will need notification if the business is sold, closed, relocated or renamed.
5. Please bring the **COMPLETED** packet to the Finance Department at 321 N. Connelly St to be submitted. Upon approval you will be notified. Payment will be due at time of notification & registration document will be provided at time of payment. (We accept cash, check, money order or debit/credit cards (processing fee for credit/debit)).
6. Business Registrations valid by the calendar year.
7. The annual business registration renewal fee is \$35.00. A new registration will be provided after payment is received.

Commercial Business Registration Application

City Ordinance #1172-81 requires all businesses apply for and obtain a business registration prior to engaging in business. Please fill out all forms **COMPLETELY**

Application Date: _____ Business Name: _____

Brief Description of Business: _____

Business Location: _____ Business Phone: _____

Mailing Location (if different): _____

Owner Name: _____ Owner Phone: _____

Owner E-mail Address: _____ Owner Address: _____

New Mexico State Tax ID Number: _____

Contractor License Number: _____

Do you **OWN** the property on which the business is located? Yes No

If no to above, provide property owners name and phone number: _____

Name & Address of Nearest Relative: _____

Department	Action Taken	Date	Signature
EID (Food Service)			

- Commercial garbage billing will be charged to all commercial businesses, unless waiver is approved by property owner and Sanitation.

Immediate notification is required if the business is sold, closed or relocated. All billings (including interest) will be the responsibility of the business if notification is not given in a timely manner. Business registration fees are non-transferable and will not be prorated.

I acknowledge that I have read all information provided and filled out all forms completely and correctly.

Signature: _____ **Date:** _____

City of Clovis Business Registration Billing Consent

- Annual renewals for business registration are \$35.00
- Commercial businesses are required to pay a fee of \$25.00 for the initial Fire Inspection
- All commercial businesses will be charged at least the minimum amount for commercial garbage according to ordinance unless approved for waiver by the property owner and Public Works
- It is the responsibility of the business to notify the city of any changes to mailing address or contact information
- **IMMEDIATE NOTIFICATION** is required if the business is sold, closed, renamed or relocated. Otherwise, the business is responsible for any additional billing plus related interest at a rate of 1.5% per month
- Business registration fees are **NON-TRANSFERABLE** and **WILL NOT BE PRO-RATED**

I acknowledge that I have read all information provided and filled out all forms completely and correctly.

Signature: _____ **Date:** _____

Business Name: _____

City of Clovis

Police Department Emergency Notification Form

Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Hours of Operation: _____

Is there a safe in the business? Yes No If yes, where? _____

Is there an alarm system in the business? Yes No

Lights left on? Yes No If yes, where? _____

Owner name _____ Owner phone number _____

Owner home address _____

Contact person(s) other than yourself that can be contacted in case of emergency.

Name	Phone number	Home Address
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1. _____

2. _____

3. _____

4. _____

Any comments/special conditions _____

Date _____ Signature _____

Police Use Only	Entered into UCR by:	Date:
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