



FINANCE
DEPARTMENT

APPLICATION FOR BUSINESS RELOCATION

LICENSE NUMBER: _____ DATE: _____

CONTRACTOR NUMBER: _____

BUSINESS NAME: _____

NEW LOCATION: _____

PHONE: _____

MAILING ADDRESS: _____

EMAIL: _____

DEPARTMENT	ACTION TAKEN	DATE	APPROVED BY:
EID: 575-762-3728 FOOD ONLY			

BUSINESS OLD LOCATION: _____

IF YOUR BUSINESS PREPARES FOOD, CALL THE NUMBER FOR EID AND SCHEDULE AN APPOINTMENT. PLEASE RETURN THE APPLICATION SIGNED BY THE EID TO THE CITY OF CLOVIS, PO BOX 760, 321 CONNELLY, CLOVIS, NM 88101.