

Commercial Business Registration
Business Registration Fee \$35.00 per year
Initial Fire Inspection Fee \$25.00

City Ordinance #1172-81 requires that all businesses apply for and obtain a business registration prior to engaging in business.

Please fill out the following forms COMPLETELY.

- 1) Contact the New Mexico Taxation & Revenue Department to apply for a New Mexico State Tax ID number (aka CRS number). tax.newmexico.gov
(OR)
- 2) Access the Taxpayer Access Point (TAP) at <https://tap.state.nm.us>
 - First time Users
 - TAP Account created for you
 - Authorization code emailed - required for first log in
- 3) The business registration application must have the completed general information and the NM State Tax ID number. The registration cannot be processed without it.
- 4) EID is only applicable if you are serving food.
- 5) Please read the last paragraph and sign.
- 6) Please read and sign the business registration information page. We will need immediate notification if the business is sold, closed or relocated. All COMMERCIAL businesses will be charged at least the minimum established fee per month for refuse.
- 7) Please complete the Emergency Notification page with your contact information.
- 8) Please bring the completed packet to City Hall. We accept cash, check, money orders, and credit or debit cards; however, the credit card company does charge a processing fee for debit and credit cards. The annual business registration fee is \$35.00 and you will be billed each January for renewal of your registration. You will be billed each month for your business garbage for the prior month's service.

CITY OF CLOVIS
PO BOX 760, CLOVIS NM 88102
(575) 769-7830

COMMERCIAL BUSINESS
BUSINESS REGISTRATION APPLICATION FEE: \$35.00
INITIAL FIRE INSPECTION FEE: \$25.00

CITY ORDINANCE #1172-81 REQUIRES THAT ALL BUSINESSES APPLY FOR AND OBTAIN A BUSINESS REGISTRATION PRIOR TO ENGAGING IN BUSINESS.

THE REQUESTED INFORMATION AND APPROVALS ARE REQUIRED TO PROMOTE THE GENERAL HEALTH AND WELFARE OF THE CITIZENS OF CLOVIS AND TO PROPERLY ESTABLISH BILLING ARRANGEMENTS. NO APPLICATION WILL BE ACCEPTED UNTIL ALL INFORMATION AND APPROVALS ARE COMPLETED.

APPLICATION DATE: _____ **DESCRIPTION OF BUSINESS:** _____

BUSINESS NAME _____ **BUSINESS PHONE:** _____

BUSINESS LOCATION _____

BUSINESS MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

OWNER NAME _____

HOME ADDRESS _____ **HOME PHONE** _____

NEW MEXICO STATE TAX NUMBER _____

EMAIL ADDRESS: _____

CONTRACTOR LICENSE # _____

ARE YOU THE PROPERTY OWNER ON WHICH THE BUSINESS IS LOCATED? **YES** **NO**

NAME & ADDRESS OF NEAREST RELATIVE: _____

| DEPARTMENT | ACTION TAKEN | DATE | SIGNATURE |
|-------------------------------|---------------------|-------------|------------------|
| **EID (food service) 762-3728 | | | |

**EID approval required if there is any food preparation at the location.

COMMERCIAL GARBAGE WILL BE CHARGED TO ALL BUSINESSES, UNLESS WAIVER APPROVED BY SANITATION.
IMMEDIATE NOTIFICATION IS REQUIRED IF THE BUSINESS IS SOLD, CLOSED OR RELOCATED. ALL BILLINGS, INCLUDING INTEREST, WILL BE THE RESPONSIBILITY OF BUSINESS IF NOTIFICATION IS NOT RECEIVED TIMELY.
BUSINESS REGISTRATION FEES ARE NON-TRANSFERABLE AND WILL NOT BE PRORATED.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION.

SIGNATURE _____ **DATE** _____

City of Clovis Business Registration Information

- All businesses will be charged at least the minimum fee per month for garbage unless they operate as a home enterprise.
- Business registration will be billed every January for renewal.
- It is the RESPONSIBILITY OF THE BUSINESS to notify the city of any change in mailing address and/ or location.
- IMMEDIATE NOTIFICATION is required if the business is SOLD OR CLOSED. Otherwise, the business is responsible for any additional billing plus related interest at the rate of 1.5% per month.
- Business registration fees are NON-TRANSFERABLE and WILL NOT BE PRO-RATED.
- All Commercial Businesses will be required to pay a \$25.00 fee for an initial fire inspection.

I acknowledge that I have read the above information.

Signed

Date

Business Name

**CITY OF CLOVIS
Police Department**

EMERGENCY NOTIFICATION

Business Name _____

Business Address _____

Business Phone Number _____

Business Hours of Operation _____

Is there a safe in the Business? _____ If yes, give location _____

Is there an alarm system in the Business? _____

Lights left on? _____ If yes, give location _____

Owner _____ Home Phone _____

Home Address _____

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

| Name | Home Address | Home Phone |
|------|--------------|------------|
| #1 | _____ | _____ |

| | | |
|----|-------|-------|
| #2 | _____ | _____ |
|----|-------|-------|

| | | |
|----|-------|-------|
| #3 | _____ | _____ |
|----|-------|-------|

| | | |
|----|-------|-------|
| #4 | _____ | _____ |
|----|-------|-------|

Any special conditions _____

Police use only: Entered into UCR by _____ Date _____