

## City of Clovis Home Business Registration

PO Box 760 Clovis, NM 88102

Fee \$35.00 per year

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](http://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. Building Safety and Zoning has to verify that your residence is zoned for doing business and their number is (575) 769-7829. All businesses **MUST BE APPROVED BY BUILDING SAFETY** in order to conduct business within Clovis.
3. If the business will be handling 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.

# Home 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: \_\_\_\_\_

New Mexico State Tax ID Number: \_\_\_\_\_

Contractors 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)			

**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
- 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:** \_\_\_\_\_

# PLANNING AND ZONING

## City of Clovis Home Occupation Registration Application

Please Print

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Address of Proposed Business: \_\_\_\_\_

Description of Business Activities: \_\_\_\_\_

Please answer all questions completely

1. Please explain how the dwelling will be used in reference to this activity:

\_\_\_\_\_

2. A. How many people other than you will be working in the dwelling unit: \_\_\_\_\_

B. Do they live in the dwelling unit:            Yes            No

3. Please explain the activity in the dwelling unit:

A. Will anything be manufactured or produced on the premises:    Yes            No

B. Will any merchandise be sold at the dwelling unit:            Yes            No

C. Will merchandise be displayed at the dwelling unit:            Yes            No

D. Will the home occupation involve auto repair:            Yes            No

E. If the answer to any of the above is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. A. Please explain which room(s) of the dwelling unit will be used for this activity

\_\_\_\_\_

B. Will the room(s) be used for this activity equal or exceed 25% of the total floor area of the dwelling unit?    Yes    No

C. If yes to above, please explain \_\_\_\_\_

D. Will any stock be stored in the dwelling unit or on the premises?            Yes    No

E. If yes to above will an area equal to more than 5% of the floor area of the dwelling unit be dedicated to the stock in trade \_\_\_\_\_

\_\_\_\_\_

5. A. Will the activity be conducted outside in the yard, patio or open courtyard of this dwelling unit?            Yes    No

B. If yes to above please explain \_\_\_\_\_

\_\_\_\_\_

6. A. Will there be any vehicle(s) used in connection with the Home Occupation?    Yes    No

B. How many vehicles will be parked at this location? \_\_\_\_\_

C. Describe what the vehicle(s) will be used for \_\_\_\_\_

D. Describe the size & type of vehicle(s) \_\_\_\_\_

E. Describe the anticipated deliveries or pick up by commercial vehicles to the site (number per week, type of delivery) \_\_\_\_\_

F. Will there be any other type of vehicle traffic to & from the site as a result of this home occupation? Yes No If yes please explain \_\_\_\_\_

7. Will there be external (outside) evidence of the home occupation use, such as storage, noise, dust, odors, noxious fumes, or other nuisances emitted from the premises? Yes No If yes please explain \_\_\_\_\_

8. Is the home occupation use related to health care (such as physicians or other medical occupations, counseling, nursing homes, massage therapy, etc.) Yes No If yes please explain \_\_\_\_\_

9. Will there be a sign placed on the premises relating to the home occupation? Yes No

I understand that my signature below indicates that all of the information contained on this application is true and correct and that zoning of this home occupation is dependent upon me abiding by all the regulations found in Section 15.260 of the City of Clovis Zoning Ordinance (Section 17.150.260(A) of Chapter 17.150 of Clovis City Code).

Date \_\_\_\_\_ Telephone # \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Office Use Only

Approved Not Approved By: \_\_\_\_\_

Comments: \_\_\_\_\_

Zone: \_\_\_\_\_

Date: \_\_\_\_\_