

# **Clovis Mobile Food 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. Please read and sign the Business Registration Billing Consent page as we will need notification if the business is sold, closed, relocated or renamed.
3. Food businesses are required to undergo a health inspection from the EID and their phone number is listed within the application.
4. 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)).
5. Business Registrations valid by the calendar year.
6. The annual business registration fee is \$35.00. A new registration will be provided after payment is received.

# Clovis Mobile Food 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: \_\_\_\_\_

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

If no to above please provide property owner's name: \_\_\_\_\_

Prop. owners' address: \_\_\_\_\_ Prop. owner's phone: \_\_\_\_\_

- We also require a letter from the property owner giving permission to do business on their location

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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