

Cannabis License
Annual Fee \$1,000.00
Initial Fire Inspection Fee \$25.00

City Ordinance #2151-2021 requires that all cannabis businesses apply for and obtain a cannabis business license 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 cannabis license application must have the completed general information and the NM State Tax ID number. The license will not be processed without it.
- 4) Please read the last paragraph and sign.
- 5) Please read and sign the business license 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 and sewer service.
- 6) Please complete the Emergency Notification page with your contact information.
- 7) Please attach a copy of your Provisional License with Contingencies Approval Letter from NMRLD. The City will issue a cannabis license if the contingencies only apply to items controlled by the City.
- 8) Please bring the completed packet to City Hall, 321 Connelly. We accept cash, check, money orders and credit or debit cards. There is a 3rd party processing fee for payment by credit/debit.
- 9) The annual cannabis license fee is \$1,000.00. Renewal of the cannabis license will be billed in January of each year.

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

CANNABIS BUSINESS
CANNABIS LICENCE FEE: \$1,000.00
INITIAL FIRE INSPECTION FEE: \$25.00

CITY ORDINANCE #2151-2021 REQUIRES THAT ALL CANNABIS BUSINESSES APPLY FOR AND OBTAIN A CANNABIS LICENSE 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(S) NAME _____

HOME ADDRESS _____ **HOME PHONE** _____

NEW MEXICO STATE TAX NUMBER _____

EMAIL ADDRESS: _____

NMRLD LICENSE # _____

COPY OF PROVISIONAL LICENSE FROM NMRLD WITH CONTINGENCIES CONTROLLED BY THE CITY YES NO

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

NAME & ADDRESS OF NEAREST RELATIVE: _____

COMMERCIAL REFUSE WILL BE CHARGED TO ALL BUSINESSES, UNLESS WAIVER APPROVED BY SANITATION. ALL BUSINESSES ARE SUBJECT TO THE MINIMUM MONTHLY BILLING FOR REFUSE AND SEWER.

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. CANNABIS LICENSE FEES ARE NON-TRANSFERABLE AND WILL NOT BE PRORATED.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION.

SIGNATURE _____ **DATE** _____

City of Clovis Cannabis License Information

- All cannabis businesses will be charged at least the minimum fee per month for refuse and sewer.
- Cannabis license 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. Zoning approval must be obtained for the new 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.
- Cannabis license fees are NON-TRANSFERABLE and WILL NOT BE PRO-RATED.
- All Cannabis 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	_____	_____
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#3	_____	_____
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#4	_____	_____
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Any special conditions _____

Police use only: Entered into UCR by _____ Date _____