Out of Town Business Registration

Fee $35.00 per year

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). The Taxation Department is located in Roswell. You will need to fill out an application (attached), fax it to (575) 624-6070 and call (575) 627-2900. They will issue your number over the phone.

2) The business registration application must have the completed general information and the NM State Tax ID number. The registration cannot be processed without it.

3) Building Safety and Zoning has to verify zoning for a business. The contact numbers are on the application. The license cannot be processed without their authorization. All business applicants must have authorization.

4) Please read the last paragraph and sign.

5) Please read and sign the business registration information page. We will need immediate notification if the business is sold, closed or relocated.

6) 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.
**STATE OF NEW MEXICO - TAXATION AND REVENUE DEPARTMENT**

**APPLICATION FOR BUSINESS TAX IDENTIFICATION NUMBER**

**Please type or print in black ink. Please read instructions on reverse.**

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<th>NM TRD ID#</th>
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1. **BUSINESS NAME**

2. **DBA**

3. **Federal ID No.**

4. **Telephone - Business**

5. **Other**

6. **Business Email Address**

7. **Type of Ownership (check one)**
   - Corporation
   - Partnership
   - Limited Liability Company (LLC)
   - Trust
   - Non-Profit Organization
   - Exempt 501(c)( )
   - Individual/Proprietor/ Sole Owner
   - S Corporation
   - General

8. **Mailing Address**
   - City
   - State
   - Zip Code

9. **Principal Business Location**
   - City
   - State
   - Zip Code

10. **Date business activity started or is anticipated to start in New Mexico**
    - Month
    - Year

12. **Select CBP filing status**
    - Monthly
    - Quarterly
    - Semiannual

13. **Will business pay wages to employees in New Mexico?**
    - Yes
    - No

14. **List Owners, Partners, Corporate Officers, Association Members, or Shareholders. If listing a business other than an individual, please see instructions.**

   - SSN
   - Name & Title
   - Address
   - Phone

15. **Method of accounting**
    - Cash
    - Accrual

16. **License License Type and No.**

17. **Public Regulatory Commission No.**

18. **Contractor's License No.**

19. **Will business sell Gasoline?**
    - Yes
    - No

20. **Will business sell Special Fuels?**
    - Yes
    - No

21. **Will business sell Cigarettes?**
    - Yes
    - No

22. **Will business sell Tobacco Products?**
    - Yes
    - No

23. **Will business engage in Severe Natural Resources?**
    - Yes
    - No

24. **Will business engage in Processing Natural Resources?**
    - Yes
    - No

25. **Will business be a Water Producer?**
    - Yes
    - No

26. **Business will be involved in Gaming Activities?**
    - Yes
    - No

27. **If applicable, provide former owner's**
   - NM TRD ID No.
   - Business Name

28. **Are you operating any other business(es) in New Mexico?**
    - Yes
    - No
    - If yes, give NM TRD ID No.
    - Business Name

29. **Primary type of business in NM (Check all that apply)**
    - Accommodation, Food Service, and Drinking Places
    - Administrative and Support Services and Waste Management and Recycling Services
    - Agriculture, Forestry, Fishing, and Hunting
    - Arts, Entertainment, and Recreation Management
    - Construction
    - Educational Services
    - Finance and Insurance
    - Government
    - Health Care and Social Assistance
    - Information
    - Manufacturing
    - Mining, and Oil and Gas Extraction
    - Postsecondary, Scientific and Technical Services
    - Real Estate and Leasing
    - Retail Trade
    - Transportation and Warehousing
    - Utilities
    - Wholesale Trade
    - Other Services

30. **Give a brief description of nature of business**

31. **I declare that the information reported on this form and any attached supplement(s) is true and correct.**

   - Print Name
   - Title
   - Date

   - Signature
This business tax registration application is for the following tax programs: Gross Receipts, Compensating, Withholding, Gasoline, Special Fuels, Cigarette, Tobacco Products, Severance, Resource, and Gaming Taxes. Registration is required by New Mexico Statutes, Section 7-1-12 NMSA 1978. An additional Special Registration Form may be necessary for special tax programs (see no. 19-26 below). Supplemental information and general instructions on registering will be provided to you. A registration certificate will be mailed. All attachments must contain the business name. Should you need assistance completing this application, please contact the department at one of the offices listed below.

PLEASE COMPLETE THE APPLICATION IN FULL. MARK QUESTIONS WHICH DO NOT APPLY WITH N/A (NOT APPLICABLE).

Do not use this form to make updates to an existing registration for new applications. For updated information, please see the Registration Update (Form ACD-3101S).

1. Enter business name of the entity. If business name is an individual’s name, enter first name, middle initial, and last name.
2. If entity operates under a different name than the business name, list the name business is “doing business as” (DBA).
3. Enter Federal ID No. (EIN).
4. Enter the business telephone number.
5. Enter any other contact number for the business (mobile, pager, message, etc.) and enter fax number.
6. Enter business e-mail address.
7. Check the type of ownership for the business you are registering (choose only one).
8. Enter the address at which the business will receive mail from the department (registration certificate, IRS File’s box, etc.).
9. Specify the physical location address of the business. (Not a PO box). If you have multiple locations, please attach an additional sheet.
10. Enter the date you initially derived receipts from performing services, selling property in New Mexico or leasing property employed in New Mexico, or the date you anticipate deriving such receipts, or the period in which the taxable event occurs. Enter month, day, and year.
11. Enter the date business will close if you check TEMPORARILY on filing status in box 12.
12. Filing status: Please select the appropriate filing status for reporting, submitting and paying the business’s combined gross receipts, compensating and withholding taxes.
   a) Monthly - due by the 25th of the month if combined taxes due are average more than $500 per month, or if you wish to file monthly regardless of the amount due.
   b) Quarterly - due by the 25th of the month following the end of the quarter if combined taxes due for the quarter are less than $500 or an average of less than $200 per month in the quarter. Quarters are January - March; April - June; July - September; October - December.
   c) Semiannual - due by the 25th of the month following the end of the 6-month period if combined taxes due are less than $1,200 for the semiannual period or an average less than $200 per month for the 6-month period. Semiannual periods are January - June; July - December.
   d) Annual - indicate month(s) for which you will be filing.
   e) Temporary - enter close date in box 11.
13. Indicate whether or not you will pay wages to employees in New Mexico.
14. Enter the Social Security #, Name and Title, Address, Phone #, and E-mail address for all Owners, Partners, Corporate Officers, Association Members, or Shareholders. If listing an entity that is not an individual, list its Federal ID #.
15. Check the method of accounting used by the business:
   a) Cash - report all cash and other consideration received but exclude any sales or account (charge sales) until payment is received.
   b) Accrual - report all sales transactions, including cash sales and sales on account (charge sales) but exclude cash paid on account (receipts).
16. If applicable, provide your Liquor License Type and Number assigned by the Alcohol and Gaming Division.
17. If applicable, provide your Public Regulatory Commission Number. They may be contacted at www.nmpc.state.nm.us or by phone at (505) 827-4500.
18. If applicable, provide your Contractor’s License Number assigned by the Construction Industries Division.
19-24. Answer the questions pertaining to special tax registration. NOTE: If you answered “Yes” in any of these, except Gaming Activities, please complete a Special Tax Registration form, which may be obtained at the offices listed below or at www.dcf.state.nm.us/tax.
20. If this is a new business, enter the former New Mexico Taxation and Revenue Department CRS ID# (NM TRD ID#) and business name. You must complete an清 Tax Clearance Report (TC-1).
21. Specify whether you are operating or have operated any other businesses in New Mexico. If applicable, enter NM TRD ID# and business name.
22. Select the primary type(s) of business in which you will engage. You may select more than one if necessary. If you are unsure in which category you should be classified, please contact one of the offices listed below.
23. Briefly describe the nature of the type(s) of business in which you will be engaging.
24. The application should be signed by an Owner, Partner, Corporate Officer, Association Member, Shareholder, or authorized representative.

IMPORTANT: ALL INCOMPLETE APPLICATIONS WILL RECEIVE A NOTICE OF INCOMPLETE REGISTRATION INFORMATION.
INCOMPLETE APPLICATIONS COULD RESULT IN THE DENIAL OF AN APPLICATION FOR NON-TAXABLE CERTIFICATES (NTTCS).

Return the application to one of the offices listed below.

TAXATION AND REVENUE DEPARTMENT
Manuel Lujan Sr. Building
1200 South St Francis Dr
PO Box 5374
Santa Fe, NM 87502-5374
(505) 827-0251
Fax (505) 827-0276

TAXATION AND REVENUE DEPARTMENT
5301 Central NE
PO Box 6405
Albuquerque, NM 87198-5445
(505) 841-4306
Fax (505) 841-6376

TAXATION AND REVENUE DEPARTMENT
3501 E. Main Street
P.O. Box 479
Farmington, NM 87499-0479
Phone (505) 525-4049
Fax (505) 599-9703

TAXATION AND REVENUE DEPARTMENT
2520 E. Palace, Bldg. #2
PO Box 607
Las Cruces, NM 88004-0607
(505) 524-6725
Fax (505) 524-6764

TAXATION AND REVENUE DEPARTMENT
490 N Pennsylvania Ave Suite 280
PO Box 1527
Roswell, NM 88201-1527
(505) 624-5666
Fax (505) 624-5920

* Alamosa (505) 573-0015
* Rio Rancho (505) 898-5516
* Clovis (505) 575-3333
* Carlsbad (505) 575-5515
* Hobbs (505) 393-5163
* Roswell Office
CITY OF CLOVIS  
PO BOX 760, CLOVIS NM 88102  
(575) 769-7830  

OUT OF TOWN BUSINESS  
BUSINESS REGISTRATION APPLICATION FEE: $35.00  

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.  

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| EMAIL ADDRESS: |  |
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<th>ARE YOU THE PROPERTY OWNER ON WHICH THE BUSINESS IS LOCATED?</th>
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<th>NAME &amp; ADDRESS OF NEAREST RELATIVE:</th>
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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.  

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City of Clovis
Business Registration Information

- 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.

I acknowledge that I have read the above information.

__________________________________________  __________________________
Signed                                          Date

__________________________________________
Business Name