

## **Home 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 that your residence is zoned 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) The zoning enforcement section must be complete for all "home business" applicants.**
- 7) 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

For office use only

NM TRD ID# 0 \_\_\_\_\_ - \_\_\_\_\_ -00- \_\_\_\_\_

DATE ISSUED

NTTC ONLY  
 FLAG N

1. BUSINESS NAME

2. DBA

3. Federal ID No.

4. Telephone- Business ( )

5. Other ( ) Fax ( )

6. Business E-mail Address

7. Type of Ownership (check one)

- Corporation
- Estate
- Government
- Indian Tribe
- Individual / Proprietorship / Sole Owner
- Limited Liability Company (LLC)
- Non Profit Organization Exempt 501 (c) \_\_\_\_\_
- Partnership
  - General
  - Limited
- S Corporation
- Trust

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 \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11. Date business will close (only if you check "Temporary" in box 12)

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

12. Select CRS Filing status:  Monthly  Quarterly  Semiannual  Temporary  Seasonal  
If seasonal, indicate month(s) in which you will file: \_\_\_\_\_

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. (Attach additional pages if necessary.)

SSN \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

SSN \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

15. Method of accounting  
 Cash  Accrual

16. Liquor 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 Severing Natural Resources?  Yes  No  
24. Will business engage in Processing Natural Resources?  Yes  No  
25. Will business be a Water Producer?  Yes  No  
26. Will business be involved in Gaming Activities?  Yes  No

NOTE: If you answered Yes to any of the above, except Gaming Activities, please complete a Special Tax Registration Form.

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 Services, and Drinking Places
- Administrative and Support Services and Waste Management and Remediation 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

- Professional, Scientific and Technical Services
- Real Estate and Leasing of Real Property
- Rental and Leasing of Tangible Personal Property
- 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 reporting 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 application for registration. For updates use the Registration Update (Form ACD -31075).

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 the business is "doing business as" (DBA).
3. Enter Federal ID No. (FEIN).
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, CRS Filer's Kits, 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 TEMPORARY 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 25<sup>th</sup> of the following month if combined taxes due average more than \$200 per month, or if you wish to file monthly regardless of the amount due.
  - b) Quarterly - due by the 25<sup>th</sup> of the month following the end of the quarter if combined taxes due for the quarter are less than \$600 or an average of less than \$200 per month in the quarter. Quarters are January - March; April - June; July - September; October - December.
  - c) Semiannually - due by the 25<sup>th</sup> 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) Seasonal- indicate month(s) for which you will be filing.
  - e) Temporary - enter close date on # 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 Email 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 on 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 received on payment of accounts receivable.
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.nmprc.state.nm.us](http://www.nmprc.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→ 26. Answer the questions pertaining to special tax registration. NOTE: If you answered "Yes" to 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.state.nm.us/tax](http://www.state.nm.us/tax)
27. If this is not a new business, enter the former owner's New Mexico Taxation and Revenue Department CRS ID# (NM TRD ID#) and business name. You may want to complete a Tax Clearance Request (TC-1).
28. Specify whether you are operating or have operated any other businesses in New Mexico. If applicable, enter NM TRD ID# and business name.
29. 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.
30. Briefly describe the nature of the type(s) of business in which you will be engaging.
31. 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 (NTTC'S).**

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) 827-0951  
Fax (505) 827-9876

**Taxation and Revenue Department**  
5301 Central NE  
PO Box 8485  
Albuquerque, NM 87198-8485  
(505) 841-6200  
Fax (505) 841-6326

**Taxation and Revenue Department**  
2540 El Paseo, Bldg. #2  
PO Box 607  
Las Cruces, NM 88004-0607  
(505) 524-6225  
Fax (505) 524-6224

**Taxation and Revenue Department**  
400 N Pennsylvania Ave Suite 200  
PO Box 1557  
Roswell, NM 88202-1557  
(505) 624-6065  
Fax (505) 624-6070

**Taxation and Revenue Department**  
3501 E. Main Street  
P.O. Box 479  
Farmington, NM 87499-0479  
Phone (505) 325-5049  
Fax (505) 599-9703

\* Alamogordo (505) 437-2322  
\* Silver City (505) 388-4403  
\* Above calls transfer to the  
Las Cruces Office

\* Carlsbad (505) 885-5616  
\* Clovis (505) 763-5515  
\* Hobbs (505) 393-0163  
\* Above calls transfer to the  
Roswell Office

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

**HOME 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.**

**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** \_\_\_\_\_

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

**NAME & ADDRESS OF NEAREST RELATIVE:** \_\_\_\_\_

DEPARTMENT	ACTION TAKEN	DATE	SIGNATURE
ZONING ZONE:			
Building Safety (1221 Mitchell) 769-7829			

**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**

- 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

**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 Activity: \_\_\_\_\_

Please answer all questions

1. Please explain how the dwelling unit 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? \_\_\_\_\_

3. Please explain the activity in the dwelling unit:

a. Will anything be manufactured or produced on the premises? \_\_\_\_\_

b. Will any merchandise be sold at the dwelling unit? \_\_\_\_\_

c. Will merchandise be displayed at the dwelling unit? \_\_\_\_\_

d. Will the home occupation involve auto repair? \_\_\_\_\_

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) to be used for this activity equal or exceed 25% of the total floor area of the dwelling unit? \_\_\_\_\_. If yes please explain: \_\_\_\_\_

\_\_\_\_\_

C. Will any stock in trade be stored in the dwelling unit or on the premises? \_\_\_\_\_

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

5. Will the activity be conducted outside in the yard, patio or open courtyard of this dwelling unit?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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6. A. Will there be any vehicle(s) used in connection with the Home Occupation? \_\_\_\_\_

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

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

D. Describe the size and 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 and from the site as the result of this home occupation? \_\_\_\_\_ If yes, 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? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the home occupation use related to health care (such as physicians or other medical Occupations, counseling, nursing homes, massage, therapy, etc.) \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Will there be a sign placed on the premises relating to the home occupation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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).

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Applicant's Signature	Telephone	Date
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**OFFICIAL USE ONLY**

<b>APPROVED/NOT APPROVED</b>	<b>BY:</b>	<b>COMMENTS:</b>
<b>ZONE:</b>	<b>DATE:</b>	