

Commercial Business Registration

Fee \$35.00 a year

City Ordinance #1172-81 requires that all businesses apply for and obtain a business registration prior to engaging in business.

Please fill the out the following forms COMPLETELY.

- 1) Contact the New Mexico Taxation & Revenue Department to apply for a New Mexico State Tax ID number. (a.k.a CRS number) The Taxation dept is located in Roswell. You will need to get an application, fill it our, fax it to them at (505) 624-6070 and call them at (505) 627-2900 ant they will issue your number over the phone.
- 2) All of the form must have the completed general information and the NM State Tax ID number. The license cannot be processed without it.
- 3) At the bottom there are departments that must do there own inspections to the building and they must sign the form. Again, the license cannot be processed without them. The only department that does not need to be contacted, if you are NOT serving food, is EID.
- 4) The last information on the page needs to READ and signed.
- 5) The second page also needs to be READ, signed & dated. We will need immediate notification if the business is sold, closed or relocated. And ALL commercial business will be charged a minimum of \$17.53 a month for garbage.
- 6) The last page will need to be completed with information in case of an emergency and the fire/police departments need to be notified.
- 7) After all of the above has been done please bring the COMPLETED form along with a cash, check or money order for \$35.00. You will then receive a bill for garbage every month, which is billed in rears, and a yearly bill to renew your business license every January.

This business tax registration application is for the following tax programs: Gross Receipts, Compensating, Withholding, Workers Compensation Fee, 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). Required for all entities except Individual / Proprietorship / Sole Owner.
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 25th 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 25th 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 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) Seasonal- indicate month(s) for which you will be filing.
 - e) Temporary - enter close date on # 11.
13. a) Indicate whether or not you will pay wages to employees in New Mexico.
b) Indicate whether or not you will be required to pay the Worker's Compensation fee to New Mexico. Every employer who is covered by the Workers' Compensation Act, whether by requirement or election must file and pay the assessment fee and file form WC-1. For more information contact the Workers' Compensation Administration at (505) 841-6000 or www.workerscomp.state.nm.us.
14. Enter the Social Security # (SSN) or Individual Tax Identification No. (ITIN) for individuals or Federal ID # (FEIN) if the entity is not an individual; Name and Title, Address, Phone #, and E-mail address for all Owners, Partners, Corporate Officers, Association Members, or Shareholders. Required Information, except for E-mail address.
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 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
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

* 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

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	<input type="checkbox"/> NTTC ONLY <input type="checkbox"/> FLAG N
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1. BUSINESS NAME

2. DBA

3. Federal ID No. Required except for Individual / Proprietorship / Sole Owner

4. Telephone- Business ()

5. Other () Fax ()

6. Business E-mail Address

7. Type of Ownership (check one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Non Profit Organization
<input type="checkbox"/> Estate	Exempt 501 (c) _____
<input type="checkbox"/> Government	<input type="checkbox"/> Partnership
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> General <input type="checkbox"/> Limited
<input type="checkbox"/> Individual / Proprietorship / Sole Owner	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> 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 A. Will business pay wages to employees in New Mexico? Yes No
13 B. Will business be required to obtain Worker's Compensation Insurance within 12 months? Yes No
Effective date:

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 / ITIN / FEIN (required)	SSN / ITIN / FEIN (required)
Name & Title	Name & Title
Home Address	Home Address
Phone	Phone
E-Mail	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)

<input type="checkbox"/> Accommodation, Food Services, and Drinking Places	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Administrative and Support Services and Waste Management and Remediation Services	<input type="checkbox"/> Mining and Oil and Gas Extraction
<input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting	<input type="checkbox"/> Professional, Scientific and Technical Services
<input type="checkbox"/> Arts, Entertainment and Recreation Management	<input type="checkbox"/> Real Estate and Leasing of Real Property
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental and Leasing of Tangible Personal Property
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Transportation and Warehousing
<input type="checkbox"/> Government	<input type="checkbox"/> Utilities
<input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Information	<input type="checkbox"/> 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 _____

CITY OF CLOVIS
 PO BOX 760, CLOVIS NM 88101
 (505) 769-7830

COMMERCIAL 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.

DATE OF APPLICATION		TYPE
BUSINESS NAME		BUSINESS PHONE
BUSINESS LOCATION		HOME ENTERPRISE: YES NO
BUSINESS MAILING ADDRESS		
CITY	STATE	ZIP
OWNER NAME		
HOME ADDRESS		HOME PHONE
NEW MEXICO'S STATE TAX NUMBER		
APPLICANT'S DATE OF BIRTH		SOCIAL SECURITY #
DRIVER'S LICENSE NUMBER		STATE

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:			
INSPECTIONS 769-7829			
FIRE DEPT. 763-9211			
EID 762-3728			
SANITATION &			
PUBLIC WORKS 769-2376			

ALL BUSINESS WILL BE CHARGED A MINIMUM OF \$17.53 PER MONTH FOR REFUSE UNLESS THE BUSINESS IS A HOME ENTERPRISE.

IMMEDIATE NOTIFICATION IS REQUIRED IF THE BUSINESS IS SOLD, CLOSED OR RELOCATED. THE BUSINESS IS RESPONSIBLE FOR ANY ADDITIONAL BILLING PLUS INTEREST THAT IS ASSESSED AT THE RATE OF 1.5% PER MONTH IF THE CITY IS NOT NOTIFIED OF CHANGES. LICENSE 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 License Information

- All Businesses will be charged a minimum of \$17.53 per month for garbage unless they operate as a home enterprise.
- Business 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.
- IMMEDIATE NOTIVICATION 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.
- License Registration fees are NON-TRANFERABLE and WILL NOT BE PRO-RATED.

I acknowledge that I have read the above information.

Signed

Date

Business Name

CITY OF CLOVIS
Department of Police

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 then 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 _____