

Home/Out-of-Town Contractor 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 the 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 Dept 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 License application must have the completed general information and the NM State Tax ID number. The license cannot be processed without it.**
- 3) At the bottom of the page, Building Safety and Inspections must do their own inspections to the building and they must sign the form. Again, the license cannot be processed without them.**
- 4) The last information on the page needs to READ and signed.**
- 5) The next page also needs to be READ, signed and dated. We will need immediate notification if the business is sold, closed, or relocated. All COMMERCIAL businesses will be charged a minimum of \$16.54 per month for garbage.**
- 6) The last section will need to be completed with details as to the work/services you will be providing to the public.**
- 7) Once all of the above have been completed, please return the packet along with cash, check or money order for \$35.00. You will then receive a bill to renew your business license every January.**

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

Home / 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.

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			
INSPECTIONS 769-7829			

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 \$16.54 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 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.
- License 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: _____

6. 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).

Applicant's Signature

Telephone

Date

OFFICIAL USE ONLY

APPROVED/NOT APPROVED

BY:

COMMENTS:

ZONE:

DATE: