

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.**

For office use only			
NM TRD ID# 0 ____ - ____ -00- ____		DATE ISSUED	
		<input type="checkbox"/> NTTC ONLY <input type="checkbox"/> FLAG N	
1. BUSINESS NAME			
2. DBA			
3. Federal ID No.		7. Type of Ownership (check one)	
4. Telephone- Business ()		<input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Individual / Proprietorship / Sole Owner <input type="checkbox"/> Limited Liability Company (LLC)	
5. Other () Fax ()		<input type="checkbox"/> Non Profit Organization Exempt 501 (c) ____ <input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust	
6. Business E-mail Address			
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		11. Date business will close (only if you check "Temporary" in box 12)	
Month _____	Day _____	Year _____	Month _____
		Day _____	Year _____
12. Select CRS Filing status:		13. Will business pay wages to employees in New Mexico?	
<input type="checkbox"/> Monthly <input type="checkbox"/> Temporary <input type="checkbox"/> Quarterly <input type="checkbox"/> Seasonal <input type="checkbox"/> Semiannual If seasonal, indicate month(s) in which you will file: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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		16. Liquor License Type and No.	
<input type="checkbox"/> Cash <input type="checkbox"/> Accrual			
17. Public Regulatory Commission No.		18. Contractor's License No.	
19. Will business sell Gasoline?		23. Will business engage in Severing Natural Resources?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Will business sell Special Fuels?		24. Will business engage in Processing Natural Resources?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Will business sell Cigarettes?		25. Will business be a Water Producer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Will business sell Tobacco Products?		26. Will business be involved in Gaming Activities?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>NOTE: If you answered Yes to any of the above, except Gaming Activities, please complete a Special Tax Registration Form.</small>			
27. If applicable, provide former owner's		28. Are you operating any other business (es) in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NM TRD ID No. _____ Business Name _____		If yes, give: NM TRD ID No. _____ Business Name _____	
29. Primary type of business in NM (Check all that apply)		30. Give a brief description of nature of business	
<input type="checkbox"/> Accommodation, Food Services, and Drinking Places <input type="checkbox"/> Administrative and Support Services and Waste Management and Remediation Services <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting <input type="checkbox"/> Arts, Entertainment and Recreation Management <input type="checkbox"/> Construction <input type="checkbox"/> Educational Services <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Government <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining and Oil and Gas Extraction		<input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Real Estate and Leasing of Real Property <input type="checkbox"/> Rental and Leasing of Tangible Personal Property <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Other Services	
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 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. 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 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

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.

DATE OF APPLICATION	TYPE
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 (City Hall) 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: _____

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).

Applicant's Signature	Telephone	Date
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OFFICIAL USE ONLY

APPROVED/NOT APPROVED

BY:

COMMENTS:

ZONE:

DATE: