

Mobile Food Business Registration
Business Registration Fee \$35.00 per year
Initial Fire Inspection Fee \$25.00

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.

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

MOBILE FOOD BUSINESS
Business Registration Fee: \$35.00 per Year
Initial Fire Inspection Fee: \$25.00

**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 (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

- All businesses will be charged a minimum of \$22.37 per month for garbage unless they operate as a home enterprise.
- 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.
- All Mobile Food Businesses will be required to pay a \$25.00 fee for an initial fire inspection.

I acknowledge that I have read the above information.

Signed

Date

Business Name

**CITY OF CLOVIS
Police Department**

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 than yourself that can be contacted in case of an emergency.

Name	Home Address	Home Phone
#1	_____	_____

#2	_____	_____
----	-------	-------

#3	_____	_____
----	-------	-------

#4	_____	_____
----	-------	-------

Any special conditions _____

Police use only: Entered into UCR by _____ Date _____