

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). tax.newmexico.gov**
- 2. Access the Taxpayer Access Point (TAP) at <https://tap.state.nm.us>**
 - First time Users**
 - TAP Account created for you**
 - Authorization code emailed - required for first log in**
- 3. The business registration application must have the completed general information and the NM State Tax ID number. The registration cannot be processed without it.**
- 4. Building Safety and Zoning has to verify that your residence is zoned for a business. The license cannot be processed without their authorization. All business applicants must have authorization.**
- 5. Please read the last paragraph and sign.**
- 6. Please read and sign the business registration information page. We will need immediate notification if the business is sold, closed or relocated.**
- 7. The zoning enforcement section must be complete for all "home business" applicants.**
- 8. 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

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 _____

EMAIL ADDRESS: _____

CONTRACTOR LICENSE # _____

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

NAME & ADDRESS OF NEAREST RELATIVE: _____

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

OFFICIAL USE ONLY

APPROVED/NOT APPROVED	BY:	COMMENTS:
ZONE:	DATE:	