



BUSINESS REGISTRATION APPLICATION # BR _____
COMMUNITY DEVELOPMENT DEPARTMENT
1203 N. HUDSON/PO BOX 1188
SILVER CITY, NM 88062 (575)534-6348/FAX (575)534-6381



The purpose of this permit is to register a new business, a relocated business or a home business. The annual fee for the business registration is \$35.00. In addition, a \$25.00 fee may be charged for safety inspection.

PLEASE USE BLACK PEN ONLY

BUSINESS INFORMATION:

Business Name: _____ **Owner's Social Security Number** _____

NM CRS #: _____ **Federal ID #:** _____

____ **New business** ____ **Relocation of existing business** ____ **Home business**

Give a brief Description of the business: _____

Initial application? ____ **Yes** ____ **No**

BUSINESS OWNER INFORMATION:

Name: _____ **Title:** _____

Mailing address: _____

Phone: _____ **Alternate phone:** _____ **Fax:** _____

BUSINESS LOCATION(S): (Please list all locations where business may be conducted.)

Street address: _____

Zoning (please circle one): Rural Residential A Residential B Residential C Commercial Industrial

Proprietary interest in property (owner, renter, other): _____

Total area: _____ acres or sq. ft **Property code:** 3- _____ - _____ - _____ - _____

(The property code # can be obtained from the County Assessor's Office or from the tax bill)

PROPERTY OWNER INFORMATION (IF APPLICANT IS NOT OWNER AUTHORIZATION LETTER FROM PROPERTY OWNER IS REQUIRED):

Name _____ **Phone:** _____

Mailing Address _____

ALL APPLICANTS MUST SIGN HERE

As the Applicant, I state that the information provided in this application and all attachments is true and accurate to the best of my knowledge. I also certify that I hold all necessary licenses to perform the business for which I am hereby requesting registration. I understand that misrepresentation is grounds for revocation of said business registration.

Applicant Signature _____

Print Name _____

Date _____

FOR STAFF USE ONLY

HOME BUSINESS

____ Zoning [Table 3.2 and Section 3.3.1]
____ Parking [Table 5.9.2]
____ Signs/Sign Permit [5.15]
____ Applicant provided with copy of Section
3.3.2(F), home business regulations

**If business is located in an apartment complex,
written permission from the owner/manager
may be required by staff.**
Written permission required ____ yes ____ no
Submitted Date _____

NEW/RELOCATED BUSINESS

____ New building---Approved Building Permit (Permit # _____)
____ Zoning
____ Signs/Sign Permit [Section 5.15]
____ Parking [Table 5.9.2] Required spaces _____ Number provided _____
____ Stacking Required spaces _____ Number provided _____

\$25.00 Inspection Fee Required ____ Yes ____ No
Safety Inspection ____ Yes ____ No (Required for all commercial businesses and home day
care businesses)

Inspected On: _____
All safety requirements met _____ (Inspector's Signature)

PAYMENT INFORMATION:

Fee: \$ _____ cash/ck.# _____ Paid (Date): _____ Receipt #: _____

APPROVED:

Yes ____ Town Clerk Designee _____ Date _____
No ____ Reasons _____