

NO BUSINESS REGISTRATION APPLICATION MAY BE ISSUED UNLESS APPLICANT HAS A STATE TAX ID NUMBER OR PRESENTS PROOF THAT HE OR SHE HAS APPLIED FOR SAME.

**CITY OF TRUTH OR CONSEQUENCES, NEW MEXICO
OFFICE OF THE CITY CLERK
505 SIMS, TRUTH OR CONSEQUENCES, NM 87901**

A SEPARATE REGISTRATION APPLICATION FORM SHOULD BE COMPLETED FOR EACH BUSINESS. A SEPARATE REGISTRATION APPLICATION FORM DOES NOT NEED TO BE COMPLETED FOR EACH LOCATION OF A SINGLE BUSINESS. ALL BUSINESSES MUST SUBMIT A NEW BUSINESS APPLICATION AT THE TIME OF RENEWAL.

Initial Application Renewal

E-mail Address: _____

1. Name of Business:	Phone No. () -		
2. Mailing Address of Business:	City	State	Zip Code
3. Applicant is: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Home Occupation <input type="checkbox"/> Level 1 2 3			
A. For Individuals – Name & Address of Owner			
Name & Mailing Address of Owner:	City	State	Zip Code
Date of Birth: _____ Social Security Number: _____			
B. For Partnerships – Names & Addresses of All Partners:			
Name & Mailing Address of Partner:	City	State	Zip Code
Name & Mailing Address of Partner:	City	State	Zip Code
B. For Corporations – Names & Addresses of Officers			
Name & Mailing Address of President:	City	State	Zip Code
Name & Mailing Address of Vice- President:	City	State	Zip Code
Name & Mailing Address of Secretary:	City	State	Zip Code
Name & Mailing Address of Treasurer	City	State	Zip Code
4. Nature of Business:			
5. List Addresses of each Location, Outlet, or Branch of Business Located in Truth or Consequences:			
6. Total number of locations listed in number 5. : _____			
7. Current New Mexico Identification Number: _____			
8. This Business License is issued for one Calendar year January-December. Business licenses are not pro-rated. It is renewable before March 16th of each year. After March 16th it will be considered delinquent.			
<u>If you are no longer in business, please inform the City Clerk, so that our records can be corrected.</u>			
Signature/Title: _____			Initials _____
Date: _____			
Office Use	Issued by: _____	Rec.: _____	Date: _____ <input type="checkbox"/> Approved by P& Z Date: _____ (if applicable)
Approved as to proper zoning: _____		Code Enforcement/Building Inspector: _____	