

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.

Initial Application      Renewal

<b>1. Name of Business:</b>		Phone No. (    )    -	
<b>2. Mailing Address of Business:</b>		City	State    Zip Code
<b>3. Applicant is:</b> Individual      Partnership      Corporation      Other			
<b>A. For Individuals – Name &amp; Address of Owner</b>			
Name & Mailing Address of Owner:		City	State    Zip Code
<b>Date of Birth:</b> _____		<b>Social Security Number:</b> _____	
<b>B. For Partnerships – Names &amp; Addresses of All Partners:</b>			
Name & Mailing Address of Partner:		City	State    Zip Code
Name & Mailing Address of Partner:		City	State    Zip Code
<b>B. For Corporations – Names &amp; Addresses of Officers</b>			
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
<b>4. Nature of Business:</b>			
<b>5. List Addresses of each Location, Outlet, or Branch of Business Located in Truth or Consequences:</b>			
<b>6. Total number of locations listed in number 5. :</b> _____			
<b>7. Please multiply the Business Registration fee of \$35.00 by the answer given in number 6. :</b> \$ _____			
<b>8. Current New Mexico Identification Number:</b>			
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<b>9. This Business License is issued for one Calendar year January-December. Business licenses are not pro-rated. It is renewable before March 16<sup>th</sup> of each year. After March 16<sup>th</sup> it will be considered delinquent.</b>			
<b><u>If you are no longer in business, please inform the City Clerk, so that our records can be corrected.</u></b>			
			<b>Initials</b> _____
<b>Signature/Title:</b>		<b>Date:</b>	
Office Use	Issued by: _____	Rec.: _____	Date: _____
		Approved by P& Z Date: _____ (if applicable)	
Approved as to proper zoning: _____		Code Enforcement/Building Inspector: _____	