



BUSINESS REGISTRATION APPLICATION

Community Development Department

VILLAGE OF LOS LUNAS
660 Main Street NW
PO Box 1209
Los Lunas, NM 87031
(505) 839-3842

CHECK ONE: INITIAL APPLICATION RENEWAL

APPLICATIONS MUST INCLUDE COPIES OF YOUR STATE OF NEW MEXICO TAXATION AND REVENUE DEPARTMENT REGISTRATION CERTIFICATE AND ANY STATE LICENSES ISSUED FOR YOUR BUSINESS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. BUSINESS NAME AND INFORMATION

Business Name _____ (dba) _____
Business Location in Los Lunas (job site) _____
Mailing Address (if different from above) _____
Business Phone _____ Business email _____
NM State Tax ID# _____ (required) Board/License # _____
Business Start Date (start date for Los Lunas operations) _____

2. OWNER INFORMATION

Business Owner _____ phone _____
Address _____ city _____ state _____ zip _____
Email address _____
 Proprietorship / Sole Ownership Corporation LLC
 Partnership Not for Profit Other _____

3. APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Applicant(s) _____ phone _____
Address _____ city _____ state _____ zip _____

4. BUSINESS ACTIVITIES

Description of Service Provided _____
Is this activity new for this location? yes no **If yes, what was the previous use?** _____
Will there be any reconstruction or improvements made to the building? yes no
If yes, check with the Building Inspector to see if a building permit is needed.
Are there any existing signs on the premises of your building? yes no
Do you intend to repair any existing signs or install any new ones? yes no
If yes, check with the Building Inspector to see if a sign permit is needed.

4. BUSINESS ACTIVITIES - CONT'D

Are there any vending machines in your establishment? yes no **If yes:** How many: _____

Please note: You are required to have a registration sticker on each vending machine. There will be a \$2.00 fee for each vending machine in your establishment, which will be added to your registration fee each year.

Will your business be run out of your home? yes no

If yes, you will need to complete a Home Occupation Registration Application in addition to this application.

5. SIGNATURE(S) OF AUTHORIZED APPLICANT(S)

I understand that my signature below indicates that all information contained on this application is true and complete.

Printed name _____ Signature _____ Date _____

CHECKLIST - THE FOLLOWING ITEMS MUST BE SUBMITTED:

COMPLETE BUSINESS REGISTRATION APPLICATION

NM CRS CERTIFICATE

FIRE OCCUPANCY PERMIT

HOME OCCUPATION APPLICATION (IF APPLICABLE)

NM STATE LICENSE (IF APPLICABLE)

ESTABLISHMENT LICENSE (IF APPLICABLE)

FOOD ESTABLISHMENT PERMIT (IF APPLICABLE)

OFFICE USE ONLY

Permit #: _____ Received Date: ___/___/___ APPLICATION FEE: _____

Zone _____

Approval/Disapproval by _____

FEE CALCULATION

BUSINESS REGISTRATION FEE _____	\$ 25.00
VENDING MACHINE FEE _____	\$ 2.00 / MACHINE
LATE FEE _____ (AFTER MARCH 15)	\$
TOTAL FEES _____	\$