



# BUSINESS REGISTRATION APPLICATION

Community Development Department

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

## INITIAL APPLICATION

**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 \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_ zip \_\_\_\_\_  
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(s) \_\_\_\_\_  
Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_ zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
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, other permits may be required.**

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, other permits may be required.**

For Cashier's Use Only

#### 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 x Machine
LATE FEE _____ (AFTER MARCH 15)	\$
<b>TOTAL FEES</b> _____	<b>\$</b>