



# BUSINESS REGISTRATION APPLICATION

Community Development Department

VILLAGE OF LOS LUNAS  
660 Main Street NW  
PO Box 1209  
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) \_\_\_\_\_  
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.**

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