

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 LORDSBURG, NEW MEXICO
OFFICE OF THE CITY CLERK
409 WEST WABASH ST, NM 88045**

A SEPARATE BUSINESS REGISTRATION APPLICATION FORM SHOULD BE COMPLETED FOR EACH BUSINESS.
ALL BUSINESSES ARE REQUIRED TO SUBMIT A NEW BUSINESS APPLICATION AT THE TIME OF RENEWAL.

New Business Renewal

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
Email Address:			
4. Nature of Business:			
5. List Addresses of each Location, Outlet, or Branch of Business Located in LORDSBURG:			
6. Total number of locations listed in number 5. :			
7. Current New Mexico Identification Number: _____			
8. This Business Registration is issued for one Calendar year January-December. Business Registrations are not pro-rated. It is renewable before March 16 th of each year for a fee of \$75.00. After March 16 th it will be considered delinquent and a late fee of \$10.00 will be applied to your account.			
<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: _____

BUSINESS REGISTRATION UPDATE FORM

Please let us know of any changes so that we can keep our records up to date. Thank you

1). NM Taxation and Revenue Number (CSR or GRT): _____

2). Business Name: _____

3). Business Location: _____

4). Mailing Address: _____

5). Telephone Number: _____

6). E-mail address: _____

Are you no longer in business? And if so, since what year? _____

Signature of Applicant