

Mail to:  
Town of Edgewood  
1911 Old Historic Rt. 66  
PO Box 3610  
Edgewood, NM 87015

# TOWN OF EDGEWOOD

## HOME BUSINESS LICENSE REGISTRATION

TOWN ZONING ORDINANCES: 2014-02 Amended August 5, 2015

Telephone (505) 286-4518

Facsimile (505) 286-4519

New Registration and Renewals

\$25.00

(\$10 late fee on renewals)

FOR OFFICIAL USE, ONLY:

REC'D BY: \_\_\_\_\_

AMT. PAID \$ \_\_\_\_\_

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK

MO: \_\_\_\_\_

DATE PAID \_\_\_\_\_

LICENSE DATE \_\_\_\_\_

BUSINESS LICENSE # \_\_\_\_\_

### PLEASE CHECK THE ONE THAT APPLIES TO YOUR BUSINESS

NEW BUSINESS  NEW OWNER  LOCATION CHANGE  RENEWAL  UPDATE OR CHANGE

PLEASE PRINT OR TYPE ALL INFORMATION, THE APPLICATION WILL BE RETURNED IF NOT LEGIBLE OR COMPLETED.

OPERATING AS BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANOTHER BUSINESS NAME: \_\_\_\_\_

FORM OF BUSINESS: SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_ CORPORATION \_\_\_\_\_

SPECIFIC DAYS OF OPERATION (WITHIN 7 DAY WEEK): \_\_\_\_\_ SPECIFIC HOURS OF OPERATION (WITHIN 24 HOUR DAY) \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF BUSINESS (BE SPECIFIC: ex. WHAT WORK BEING PERFORMED, MATERIALS USED, EXPECTED TRAFFIC, HOURS OF OPERATION, # EMPLOYEES):

\_\_\_\_\_  
\_\_\_\_\_

NM STATE TAX ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ NM STATE LICENSE # \_\_\_\_\_ Expires: \_\_\_\_\_

(SUBMIT COPY WITH APP) (CRS tax id can be obtained online at: [www.tax.newmexico.gov/Businesses](http://www.tax.newmexico.gov/Businesses) or \_\_\_\_\_ (if profession requires)

Taxation and Revenue New Mexico 1100 South St. Francis Drive, Santa Fe, NM 87504

Proof of CRS Compliance

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE.

Name of Applicant, printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

### PROPERTY OWNER'S NOTARIZED SIGNATURE REQUIRED IF OTHER THAN APPLICANT

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF New Mexico )  
County of Santa Fe ) ss.  
)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public

My Commission Expires

### OFFICIAL USE ONLY

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ BY: \_\_\_\_\_ DATE \_\_\_\_\_

NOTES/COMMENTS: \_\_\_\_\_

Zoning District \_\_\_\_\_ Minor Home Occupation Type \_\_\_\_\_ Major Home Occupation Type \_\_\_\_\_ Conditional Use Permit # \_\_\_\_\_  
(If needed)

Fire Inspection Needed \_\_\_\_\_ yes \_\_\_\_\_ no Approved \_\_\_\_\_ Denied \_\_\_\_\_ Conditional \*see report \_\_\_\_\_

Restrictions placed on Conditional Use \_\_\_\_\_

Date Approved: \_\_\_\_\_