Town of Edgewood
P.O. Box 3610 – 1911 Old Highway 66
Edgewood, New Mexico 87015
(505) 286-4518 FAX (505) 286-4519
Website: www.edgewood-nm.gov

RESIDENTIAL REGISTRATION/BUSINESS LICENSE*

BUSINESS REGISTRATION/LICENSE RENEWALS ARE TO BE FILED ON OR BEFORE DECEMBER 31ST OF EACH YEAR. ANNUAL FEE IS $25.00.

A separate Business Registration/License application form must be completed for each business. A separate business registration/license form should be completed for each location of a single business.

( ) INITIAL APPLICATION

( ) RENEWAL APPLICATION
(If your information has changed please provide the necessary updated information)

APPLICANT INFORMATION

1. NAME OF APPLICANT: _____
2. ADDRESS (P.O. Box, Physical, City, State, Zip Code): _____
   _____
3. NAME OF BUSINESS: _____
4. DOING BUSINESS AS: _____
5. PHONE NO: _____ ALTERNATE NUMBER: _____ E-MAIL: _____
6. APPLICANT IS: INDIVIDUAL ____ PARTNERSHIP ____ CORPORATION ____
   A. For individual- name and address of owner: _____
   _____
   B. For partnership – names and addresses of owners: _____
   _____
   C. For corporation – names and addresses of Officers:
   President: _____
   Vice-President: _____
   Secretary: _____
   Treasurer: _____
7. NEW MEXICO TAXATION AND REVENUE DEPARTMENT CRS NUMBER: _____

I hereby certify that my request meets ALL of the following requirements (Please Initial:

____ A. The use of the dwelling unit for the Home Occupation shall be clearly incidental and subordinate to its use for residential purposes by the occupants.
____ B. No more than twenty five percent (25%) of the floor area of the dwelling unit building shall e used for all Home Occupations upon the lot.
____ C. No more that four persons other than members of the family residing on the premises shall engage in the Home Occupation on the premises.
____ D. There shall be no change in the exterior appearance of the building(s) or premises, or any visible evidence of the conduct of a Home Occupation.
____ E. All business related tools & materials shall be stored behind a solid wall or fence sufficient to provide a visual barrier to any contiguous residential properties.
____ F. No equipment or process shall be used in the Home Occupation, which creates noise, vibration, glare, fumes, noxious odors, or other nuisances detectable from adjacent properties.
____ G. There shall be no sales of goods from the Home Occupation, which would generate greater traffic volumes than six (6) trip/day.
____ H. No building addition shall be permitted to the principal structure for the sole purpose of accommodating the home occupation.
____ I. Any parking needs generated by the conduct of the Home Occupation shall be met by using off-street parking.
____ J. A maximum of two Home Occupations shall be permitted on any one lot at any one time.

OFFICE USE

PROPERTY OWNER NAME: _____

LEGAL DESCRIPTION: *Township* _____ *N Range* _____ *E Section* _____

STREET ADDRESS OF BUSINESS: _____

MAILING ADDRESS OF BUSINESS: _____

CONDITIONAL USE PERMIT REQUIRED? YES _____ NO _____

PLEASE DESCRIBE THE FOLLOWING

1. What business activities are involved? _____

2. What types of materials and equipment are to be used? _____

3. What methods of operation do you plan to follow? _____

4. What is the type of product to be produced, serviced or repaired? _____

5. Describe the amount, location and method of storage of supplies and/or equipment: _____

PLEASE ATTACH COPIES OF:

- Plat Map or Detailed Directional Map
- New Mexico State Licenses(s)
- State Corporation Commission Numbers
- State of Incorporation Documents
- All Applicable Permits

BUSINESS REGISTRATION FEES ARE NON-TRANSFERABLE. APPLICATION FOR BUSINESS REGISTRATION MUST BE MADE PRIOR TO THE OPENING OF THE BUSINESS.

The applicant is responsible for ensuring that his/her business complies with all relevant Federal, State and Local Regulations. Issuance of this Business Registration/License does not imply that such requirements have been met. Applicant hereby affirms that the statements and information on this application are TRUE and CORRECT to the best of his/her knowledge, information and belief. False information may be grounds for denial or revocation of your business registration/license.

APPLICANT SIGNATURE _____ **DATE** _____

***ALL APPLICATIONS FOR NEW BUSINESS WILL BE FORWARDED TO THE SANTA FE COUNTY FIRE MARSHALL FOR REVIEW, ACCEPTANCE OF THIS APPLICATION AND ITS FEE IS NOT A GUARANTEE OF LICENSE ISSUANCE.**

AMOUNT OF FEE: _____ ISSUED BY: _____ RECEIPT NUMBER: _____ DATE ISSUED: _____

PERMIT NUMBER: _____ LAND USE REVIEW: APPROVED _____ DENIED: _____

REASON FOR DENIAL: _____

FIRE HAZARD POTENTIAL: High _____ Medium _____ Low _____

STATE OF NEW MEXICO – TAXATION AND REVENUE DEPARTMENT

COMBINED REPORTING SYSTEM (CRS)

TAX COMPLIANCE AUTHORIZATION

A County or Municipality can use this authorization to determine if you are in compliance with your CRS reporting and payment requirements when applying for or renewing your business license. The County or Municipality will maintain your authorization on file.

Business Name:_____ NM CRS ID: _____

Name: _____ Last four of SSN or FEIN: _____

Mailing Address: _____ Type of Entity: _____

City, State, Zip Code: _____

E-Mail: (optional)_____

The above information is required to determine CRS compliance status online: https://tap.state.nm.us/

Hereby authorizes Estefanie Muller (individual name) Clerk-Treasurer (title)

Of the Town of Edgewood, New Mexico to access my CRS compliance status.

I certify that I have the authority to execute this tax information authorization.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

If the account is NOT in compliance, it is due to one or more of the following:

- The New Mexico Tax ID is not active or
- The account has a liability or
- Payment plan is not current or
- Required CRS reports have not been filed.

New Mexico Taxation & Revenue Department:

- Albuquerque, NM (505) 841-6200
- Santa Fe, NM (505) 827-0951