

MAIL APPLICATIONS TO:

Town of Edgewood

PO Box 3610

Edgewood, NM 87015

**TOWN OF EDGEWOOD
BUSINESS LICENSE REGISTRATION**

Telephone (505) 286-4518

Fax (505) 926-9061

Registration & Renewal Fee: \$25.00

FOR OFFICIAL USE, ONLY:

REC'D BY: _____

AMT. PAID \$ _____

_____ CASH _____ CHECK

DATE _____

PAID _____

PLEASE CHECK REGISTRATION & BUSINESS TYPE:

REGISTRATION: NEW BUSINESS RENEWAL UPDATE OR CHANGE

BUSINESS TYPE: HOME BUSINESS COMMERCIAL BUSINESS SERVICES ONLY

NON-PROFIT (MUST PROVIDE COPY OF IRS 501-C3) VENDOR

CERTIFICATE PICK UP: MAILED PICK UP AT TOWN OFFICE

BUSINESS LICENSES GOOD FOR 1 CALENDAR YEAR. LATE RENEWAL FEE OF \$10.00. ALL PLACES OF BUSINESS SUBJECT TO INSPECTION.

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

OPERATING AS BUSINESS NAME: _____ PHONE: _____

OTHER 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): _____

EQUIPMENT USED: _____ KEPT ON SITE: YES ___ NO ___ SECURED: _____

CHEMICALS USED: _____

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 or

(if profession requires)

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

Proof of CRS Compliance.

DRIVER'S LICENSE #: _____ STATE: _____ DOB: _____ EMAIL: _____

Please list of names, telephone numbers and mailing addresses (business and residence) of owner(s), partners or corporate officers and if a corporation, please include name and mailing address of statutory agent. (Attach a separate sheet if necessary).

NAME	TELEPHONE #	TITLE	MAILING ADDRESS

INSURANCE: COMPANY: _____ POLICY # _____

ADDRESS: _____ PHONE: _____

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

SIGNATURE: _____

PRINT NAME: _____ TITLE: _____ DATE: _____

Return completed form, attachments and check or money order to address indicated at the top of this form (BEFORE inspections are complete). After the business, has been inspected and approved, the registration and license will be issued.

OFFICIAL USE ONLY: NOTE: The following departments will inspect the business location prior to the license being issued for a new business, owner or location change:

Planning and Zoning _____

Fire Inspections: _____

Building Inspections: _____

Wastewater: _____

Environmental: _____