

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

**TOWN OF EDGEWOOD COMMERCIAL  
SERVICES (ONLY) LICENSE REGISTRATION**

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 \_\_\_\_\_  
SUBMITTED LICENSE  
DATE \_\_\_\_\_  
BUSINESS LICENSE # \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLIES TO YOUR BUSINESS**  
NEW BUSINESS  RENEWAL  UPDATE OR CHANGE   
ONE TIME EVENT  OR OPEN SERVICING FOR THE YEAR

**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](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.

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
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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: \_\_\_\_\_

Other: \_\_\_\_\_