

# City of Hobbs

## - BUSINESS INSPECTION CHECKLIST -

**\*\*Complete this form first. It must be approved prior to issuance of Business Registration.\*\***

### COMMUNITY SERVICES

Director: Raymond Bonilla

Office: (575) 391-8158 Fax: (575) 391-3061

Name of Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Business Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Permit Issued:  Yes  No Permit #: \_\_\_\_\_ Certificate of Occupancy:  Yes  No

New Building:  Yes  No Utilities On:  Yes  No

Type of Business:  Office  Retail Store  Restaurant  Day Care  Auto Repair Shop  Bar/Lounge

Barber Shop  Hair Salon  Tattoo  Amusement  Contractor  Oil Field

Other \_\_\_\_\_

Sanitary Facilities: Circle (1) Yes No

Please Check One:  Commercial  Home Occupation  Mobile Business  Out of Town

NM Contractor

License # \_\_\_\_\_

Comments: \_\_\_\_\_

Describe Type of

Business: \_\_\_\_\_

#### APPROVAL OF APPLICATION OFFICIAL USE ONLY:

Building Official Approval: Yes: \_\_\_\_\_ No: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Site Inspection Performed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Dept. Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Site Inspection Performed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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