



CITY OF HOBBS

Official Use Only

BUSINESS REGISTRATION APPLICATION
CHAPTER 5.04, HOBBS MUNICIPAL CODE

Class
Bill #
License #

Complete and return to City of Hobbs, City Clerk's Office, 200 East Broadway, Hobbs, NM 88240, with registration fee in the amount of \$25.00 and an official document reflecting the New Mexico Gross Receipts Taxpayer number. NOTICE: IT IS THE RESPONSIBILITY OF THE OWNER OR TENANT TO COMPLY WITH ALL CITY, STATE, AND FEDERAL CODES AND REGULATIONS. IF YOU ARE CHANGING THE USE OF AN EXISTING BUILDING, IT IS YOUR RESPONSIBILITY TO COMPLY WITH THE CODES FOR THE NEW USE OF THE BUILDING.

NEW MEXICO CRS # (GROSS RECEIPTS TAX NO.) - (For Questions Regarding Tax Numbers, Please Call the NM Taxation & Revenue Dept. @ 393-0163)

BUSINESS INFORMATION

Name of Business

DBA Name (If Different from Name of Business)

Physical Location of the Business (If Business Is Located Outside City Limits, No Business Registration Will Be Issued.)

Mailing Address

Phone No.

New Mexico Contractor's License No.(if Applicable)

Type of Business or Goods/Wares/Merchandise/Services to Be Sold:

Is this New Ownership of an Existing Business? Yes No

If Yes, Name of Existing Business?

Is this a Temporary Business? Yes No (If Yes, a Different Application Is Necessary)

Are These Goods/Wares/Merchandise New or Used? (If Used a Different Application Is Necessary)

BUSINESS OWNER(S) NAME

Name

Address

Phone No.

State of Issue & Driver's License No.

Is business a partnership? If yes, complete the following:

Name

Address

Phone No.

State of Issue & Driver's License No.

BUSINESS & PROPERTY INFORMATION

Name & Address of Property Owner _____

Contact Name for Property Owner & Title _____

Phone # _____

Sq. Footage of Building _____

Will There Be/Is There Outside Storage? Yes____ No____

STORE INFORMATION (Contact Information for Local Site/Store Manager)

Name _____

Address _____

Phone No. _____

COMMERCIAL BUSINESS EMERGENCY INFORMATION

Please submit the following information to be used by the Hobbs Police Department in an effort to expedite the security of your business in case of an emergency. Should this information change, please contact the City Clerk's Office at (575)397-9200 so that we may update our files accordingly.

Emergency Contact Name _____

Emergency Contact Telephone Number _____

Applicant Signature _____ Date _____

BY ACCEPTING THIS APPLICATION, THE CITY OF HOBBS DOES NOT GUARANTEE APPROVAL OF APPLICATION.

FOR OFFICIAL USE ONLY:
Date Reviewed by the City Clerk's Office: By: _____ Date _____
Building Official Approved: Yes: _____ No: _____ By: _____ Date: _____
Fire Dept. Approved: Yes: _____ No: _____ By: _____ Date: _____
Business Registration Issued: Yes: _____ No: _____ By: _____ Date: _____