



CITY OF HOBBS
BUSINESS REGISTRATION
CHANGE OF ADDRESS FORM

Official Use Only
License # _____

Complete and return to City of Hobbs, City Clerk's Office, 200 East Broadway, Hobbs, NM 88240. 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.

BUSINESS INFORMATION

Name of Business _____

DBA Name (If Different from Name of Business) _____

Current Business Registration Number _____

CRS # _____

Prior Physical Location of the Business _____

New Physical Location of the Business _____

New Mailing Address _____

Phone No. _____

Is this New Ownership of an Existing Business? Yes _____ No _____
(If Yes, Please Complete and Return A Business Registration Application.)

BUSINESS OWNER(S) NAME

Name _____

Address _____

Phone No. _____

Email Address _____

Type of Business _____

UPDATED EMERGENCY INFORMATION (OTHER THAN THE OWNER)

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.

EmergencyContactName _____

EmergencyContactTelephoneNumber _____

Applicant Signature _____ Date _____

FOR OFFICIAL USE ONLY:
Date Reviewed by Clerk's Office: By: _____ Date: _____
Entered into MUNIS: Yes: ___ No: ___ By: _____ Date: _____
Business Registration Issued: Yes: ___ No: ___ By: _____ Date: _____
Called Customer for Pick-up: By: _____ Date: _____
Scanned: By: _____ Date: _____
Comments: _____