



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 Tax number.

NOTICE: IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER/AGENT OR APPLICANT 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. Office in Roswell, NM @ 575-624-6065)

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:

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.

E-mail Address

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

State of Issue & Driver's License No. \_\_\_\_\_

**LOCAL STORE/SITE MANAGER INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

PhoneNo. \_\_\_\_\_

**COMMERCIAL BUSINESS 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** \_\_\_\_\_

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

<b>FOR OFFICIAL USE ONLY:</b>			
Date Reviewed by the City 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:	_____		
_____			





