



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 \_\_\_\_\_
Prior Physical Location of the Business \_\_\_\_\_
New Physical Location of the Business \_\_\_\_\_
New Mailing Address \_\_\_\_\_
Phone No. \_\_\_\_\_
New Mexico Contractor's License No.(if Applicable) \_\_\_\_\_

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: \_\_\_\_\_