



CITY OF HOBBS  
MOBILE BUSINESS LICENSE  
ORDINANCE NO.930

Please complete and return application to the City of Hobbs, City Clerk's Office, 200 East Broadway, Hobbs, NM, 88240. The Mobile License fee is \$100.00, valid for one calendar year and the applicant must obtain a Business Registration for \$25.00, making a combined total annual fee of \$125.00. This license expires December 31 of each year.

**MOBILE BUSINESS LICENSE APPLICATION AND AFFIDAVIT**

STATE OF NEW MEXICO )  
) SS.  
COUNTY OF LEA )

**COMES NOW THE UNDERSIGNED AND STATES THE FOLLOWING:**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Permanent Residence Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License No. & State of Issue \_\_\_\_\_  
Proof of Residency \_\_\_\_\_  
(Please attach a copy of your local Driver's License, Utility Bill with a Local Address or a Lease Agreement of 30 days or longer.)

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Type of goods, wares, merchandise or services to be sold (specific description):

\_\_\_\_\_

Vehicle Description (specific description):

**New Mexico Gross Receipts Taxpayer Identification No.** \_\_\_\_\_

**(PLEASE ATTACH AN OFFICIAL COPY OF THIS DOCUMENT)**

**NOTE: THIS APPLICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC.**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**My Commission Expires:**

\_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Date Reviewed by Clerk's Office: By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into MUNIS: Yes: \_\_\_ No: \_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Business Registration Issued: Yes: \_\_\_ No: \_\_\_ BR # \_\_\_\_\_ Date: \_\_\_\_\_

Mobile License Issued: Yes: \_\_\_ No: \_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Called Customer for Pick-up: By: \_\_\_\_\_ Date: \_\_\_\_\_

Scanned: By: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PLEASE ATTACH COPY OF BUILDING INSPECTION CHECKLIST**

REVISED 5/10/2017