

**CITY OF HOBBS**

**BUSINESS REGISTRATION APPLICATION**



**CHAPTER 5.04, HOBBS MUNICIPAL CODE**

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: \_\_\_\_\_