



## CITY OF HOBBS

### BUSINESS REGISTRATION APPLICATION CHAPTER 5.04, HOBBS MUNICIPAL CODE

Official Use Only

Class \_\_\_\_\_

Bill # \_\_\_\_\_

License # \_\_\_\_\_

Please complete this application and return it to the City of Hobbs, City Clerk's Office, 200 East Broadway, Hobbs, NM, 88240, along with all supporting documentation and a copy of your professional license, if applicable. The Business Registration fee is \$25.00 annually, valid for one calendar year. This license will expire December 31<sup>st</sup> of each year.

#### NEW MEXICO BUSINESS TAX ID #:

(For questions regarding tax numbers, please call the NM Taxation & Revenue Dept. Office at (866) 285-2996 and choose #2 – TAP.) (PLEASE PROVIDE PROOF OF THIS TAX ID # WITH APPLICATION.)

#### BUSINESS INFORMATION

Legal or Registered Name of Business	
DBA Name or Trade Name of Business	
Physical Location of Business <small>(If outside the city limits, no business registration will be issued.)</small>	City, State, Zip
Mailing Address	City, State, Zip
Business Telephone Number	Emergency or Cell Phone Number
Email Address	

#### SPECIFIC NATURE OF BUSINESS

Provide detailed description of business activity and choose one option below:

Professional (Attorney, CPA, Engineer, Surveyor) Retail Restaurant Day Care Barber Cosmetology Manicurist/Pedicurist Tattoo Auto Repair/Mechanic Construction Oilfield	Liquor Tobacco Cannabis (*Map Required) Home-Based Business Online Dental/Orthodontic Medical Services If medical, list the type of services and procedures that will be provided. If medical, will any surgical procedures be performed at the business location? Yes _____ No _____ Please attach a separate page.
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If not listed, other type of business:

**If the operation of your business requires a New Mexico license to be issued to the business or principal, you MUST attach a copy of the license(s) with this application.**

Licensure #

Expiration Date

Copy Provided

State License Not Required

## OWNERSHIP INFORMATION

Type of Ownership: Individual/Sole Proprietor Partnership LLC	LLP or LLLP Corporation Non-Profit Other _____
<b>Business Owner(s) Name 1</b> (If Owner is other than an individual, list the names of individuals who are principals, partner members or officers of the Owner. Attach separate sheet if necessary)	
Mailing Address	City, State, Zip
Phone No.	
Email Address	
<b>Business Owner(s) Name 2 (if partnership)</b>	
Mailing Address	City, State, Zip
Phone No.	
Email Address	
Date Business Activity is to Begin	Hours of Operation

## LOCAL OPERATION MANAGER INFORMATION

Name	
Title	
Physical Address	City, State, Zip
Phone No.	
Email Address	

## **COMMERCIAL BUSINESS EMERGENCY CONTACT 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, you must contact the City Clerk's Office at (575) 397-9200 to update our records accordingly.

Emergency Contact Name

Emergency Contact Phone No.

### **NOTICE**

It is the responsibility of the business owner to comply with all City, State and Federal laws, codes, statutes 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.

### **MULTIPLE LOCATIONS - HOBBS MUNICIPAL CODE, CHAPTER 5.04.060**

All persons proposing to engage in business within the municipal limits of the city shall apply for and pay a business registration fee for each outlet, branch or location within the municipal limits of the city prior to engaging in any business activity.

ACCEPTANCE OF THIS APPLICATION BY THE CITY OF HOBBS DOES NOT GUARANTEE APPROVAL OF APPLICATION.

**Signature:** \_\_\_\_\_

### **SIGNATURE BY BUSINESS OWNER**

I, the undersigned, hereby certify under penalty of perjury that the foregoing information is true, accurate and correct. I understand that knowingly providing false or misleading information will result in non-issuance or cancellation of this business registration. I affirm that operation of the business does not, and will not, violate any City, State and Federal laws, codes, statutes and regulations. I further understand that I must file any changes to my business status, operations and/or contact information with the City Clerk's Office in a timely manner.

**Printed Name of Business Owner:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**\*\*OFFICIAL USE ONLY\*\***

Supervisor Approval:		
Entered Into MUNIS:	By:	Date:
Date Paid:	Receipt #:	Issue Date:
Business Registration Issued:	Yes _____ No _____	By:
Scanned:	By:	Date:
Comments:		