



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.

NEW MEXICO CRS # (GROSS RECEIPTS TAX NO.)
(For Questions Regarding Tax Numbers, Please Call The NM Taxation & Revenue Dept. Office @ (575) 624-6065. PLEASE PROVIDE PROOF OF CRS # WHEN SUBMITTING THIS APPLICATION.)

LAST FOUR # OF SOCIAL SECURITY # and/or FEDERAL EMPLOYER ID #

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.

Type of Business:

Is this New Ownership of an Existing Business? No Yes Name

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.

E-mail Address

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

Name

Address

Phone No.

LOCAL STORE/SITE MANAGER INFORMATION

Name _____

Address _____

Phone No. _____

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 _____

Emergency ContactTelephoneNumber _____

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.

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 Clerk’s Office:	By: _____ Date: _____
Entered into MUNIS:	By: _____ Date: _____
Business Registration Issued: Yes: ___ No: ___	By: _____ Date: _____
Scanned:	By: _____ Date: _____
Comments: _____	

PLEASE ATTACH COPY OF BUSINESS INSPECTION CHECKLIST