

CITY OF CARLSBAD

P.O. Box 1569, Carlsbad, NM 88220

BUSINESS REGISTRATION APPLICATION

License Year \_\_\_\_\_

Date: \_\_\_\_\_

1. Name of Business \_\_\_\_\_ Telephone \_\_\_\_\_

2. Business Location: \_\_\_\_\_

3. Mailing address: \_\_\_\_\_

4. Type of business: \_\_\_\_\_  
What product or service are you selling \_\_\_\_\_

5. NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ Change of Ownership \_\_\_\_\_  
If new location, list previous address: \_\_\_\_\_  
If change of business name, previous name: \_\_\_\_\_  
Are you adding or changing your type of business? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list changes or additions: \_\_\_\_\_

6. Permanent location \_\_\_\_\_ Temporary location \_\_\_\_\_  
If temporary, owner of property \_\_\_\_\_  
If permit is for less than one year, period of time for which permit is requested \_\_\_\_\_

7. OWNERSHIP: Individual // Partnership // Corporation //

Name \_\_\_\_\_  
Home Address \_\_\_\_\_

Partner's Name \_\_\_\_\_  
Home Address \_\_\_\_\_

Corporation: \_\_\_\_\_  
President Address \_\_\_\_\_  
Vice-President Address \_\_\_\_\_  
Secretary Address \_\_\_\_\_  
Treasurer Address \_\_\_\_\_

8. FOOD ESTABLISHMENT (Please provide copies of the inspection report)  
EID inspection: (885-9023) date \_\_\_\_\_ by \_\_\_\_\_  
Fire inspection: (885-3125) date \_\_\_\_\_ by \_\_\_\_\_

9. HAZARDOUS MATERIALS: If any hazardous materials are being used such as in  
an auto paint shop, inspection is required from the City Fire Inspector (885-3125):  
date \_\_\_\_\_ by \_\_\_\_\_

10. **HOME OCCUPATION:**

If your business location is also your home address, answer the following:

Do you have an office at home? \_\_\_\_\_  
Are you making and selling a product? \_\_\_\_\_  
Type of equipment, if any, being used \_\_\_\_\_  
Area of premises to be used for occupation: residence \_\_\_\_\_ shop \_\_\_\_\_ other \_\_\_\_\_  
Do you have customers going to your home? \_\_\_\_\_ Estimate no. per day \_\_\_\_\_  
Number of persons working on site \_\_\_\_\_  
List names and address \_\_\_\_\_  
Are you advertising your business? \_\_\_\_\_ How \_\_\_\_\_  
Will you display a sign on the premises? \_\_\_\_\_ Type & size \_\_\_\_\_  
Hours of business \_\_\_\_\_

11. **TELEPHONE OR DOOR TO DOOR SOLICITATION:**

Will you be calling by telephone or door to door for purpose of soliciting orders for goods or services? Yes \_\_\_\_\_ No \_\_\_\_\_ ■ Residential or Businesses? \_\_\_\_\_  
If businesses only, are you selling for resale by that business or to their employees? \_\_\_\_\_  
(NOTE: Application to City Council for a Special License may be required for Solicitation)

12. Current NM Revenue I.D. Number \_\_\_\_\_  
(NOTE: Call NM Taxation & Revenue at 885-5616 for application or information)

13. State License Number (if applicable) \_\_\_\_\_

**CITY OF CARLSBAD CODE:**

Application to do business. Any person proposing to engage in business within the municipal limits of the City of Carlsbad shall apply for and pay a **\$35.00** business registration fee for each outlet, branch or location within the municipal limits of the City of Carlsbad. **Prior to March 16th** of each year, application for renewal of business registration shall be made.

Date: \_\_\_\_\_

\_\_\_\_\_   
Print Name of Local Representative  
(if different from owner)

By: \_\_\_\_\_  
(Signature)

Phone No. \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

<i>For Office Use Only</i>			
Legal Description _____	<small>Lot</small>	<small>Block</small>	<small>Subdivision</small>
Zone _____	APPROVED _____	DISAPPROVED _____	
<b>REGISTRATION NO.</b> _____	<b>By</b> _____	<b>Date</b> _____	
Restrictions or Comments: _____			
_____			
_____			
_____			