

City of Carlsbad P.O. Box 1569 Carlsbad, NM 88220	<b>TEMPORARY BUSINESS REGISTRATION APPLICATION</b>	Licensing and Permits Department (505) 887-1191, Ext. 260
Fee:		Date:
Name of Business:		
Business Location (Address):		
Mailing Address:		
Phone:	Cell:	Home:
Type of Business:		
Owner:		
NM Tax ID Number:		
Purpose of License:		
Dates of Use:		
Applicant's Signature:		
<b>FOR OFFICIAL USE</b>		
Special Event: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Event:	Sponsor or Promoter:	
Conditions:		
License No.	Signed:	Date:
Plot Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Permission from Property Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		