

Application Year: 2020



## CITY OF CARLSBAD APPLICATION FOR LODGER'S TAX LICENSE

Pursuant to the provisions of Section 48-80 of the City of Carlsbad Code of Ordinances; the undersigned does hereby apply for a license for the purpose of providing lodging in the City of Carlsbad, New Mexico.

**Business Name: (Full)**

**Business Name: (Common)**

\_\_\_\_\_

\_\_\_\_\_

**Business Type:**  Motel     Hotel     RV Park/Campground  
 Bed & Breakfast     Other: \_\_\_\_\_

**Business Location: (Physical)**

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**Owner:**

**Phone:**

**Email:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Operator/Manager:**

**Phone:**

**Email:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Mexico State Taxation ID #:**

**Total number of Rooms, Units and/or Spaces:**

\_\_\_\_\_

\_\_\_\_\_

**Usual Schedule of Rates/Charges for Rooms, Units and/or Spaces available for Lodging:**

\$ _____ /per	\$ _____ /per	\$ _____ /per
\$ _____ /per	\$ _____ /per	\$ _____ /per

Do you wish to have your application evaluated for exemption from Lodgers Tax?

Yes  No

*(Please review the City of Carlsbad Lodgers Tax Ordinance, Sec. 48-81, Exemptions)*

**Other Facilities Provided:**

<b>Facility</b>	<b>Person/Business</b>	<b>NM Tax ID #</b>	<b>Current City License</b>	
<input type="checkbox"/> Restaurant	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Lounge/Bar	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cleaning/Laundry	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Retail	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other ( <i>Specify</i> )	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Applicant Signature:**

**Title: (*Owner/Manager*)**

**Date:**

\_\_\_\_\_

**Return Application to City Clerk, City of Carlsbad:**

U.S. Mail: PO Box 1569, Carlsbad, NM 88221-1569, or

[Email:city.clerk@cityofcarlsbadnm.com](mailto:city.clerk@cityofcarlsbadnm.com) or

Fax: 575-885-1101 or

Hand deliver: 101 N. Halagueno Street, Carlsbad, NM, Office #206

Upon Receipt of completed, satisfactory application; the City of Carlsbad Lodgers Tax License will be mailed to you at the mailing address listed on page 1 of this Application.