



CITY OF RATÓN
BUSINESS REGISTRATION APPLICATION
 PURSUANT TO CITY OF RATÓN ORDINANCES
 TITLE XI, CHAPTER 115
 AND NMSA 1978, SECTION 3-38-3

A separate Business Registration form must be completed for each business prior to a Business License being issued by the City. There is a \$35.00 fee for each Business and Location that has a separate Tax ID #. Those owners who own various businesses under **different** Tax ID #s will require a separate application with the City for each Business. All registrations expire December 31st of the current calendar year and must be renewed on or before **March 15th** of the New Year. A surcharge of \$10.00 will be assessed to each late registration.

Initial Application Renewal

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

MAILING ADDRESS (If Different From Above) _____

PHONE NUMBER(S) _____

APPLICANT IS: INDIVIDUAL ____ PARTNERSHIP ____ CORPORATION ____

Individual

Business Owner _____ Telephone# _____
 Address _____ City _____ State _____ Zip _____

Partnership

Name of Partner _____ Telephone# _____
 Address _____ City _____ State _____ Zip _____

Corporation

President/CEO _____ Telephone# _____
 Address _____ City _____ State _____ Zip _____

Registered Agent _____ Telephone# _____
 Address _____ City _____ State _____ Zip _____

HOME OCCUPATION (business conducted from or out of owner's home) Yes No
 This requires an additional \$35.00 and a Home Occupation Application to be filed with our ceo/planning and zoning

NATURE OF BUSINESS: _____

NM CONTRACTOR'S LICENSE NUMBER (IF APPLICABLE) _____

A. TYPE OF CONSTRUCTION _____

LIST ALL NAMES UNDER WHICH THE BUSINESS IS KNOWN

LIST ADDRESS OF EACH LOCATION, OUTLET, BRANCH, ETC. OF THE BUSINESS.

CURRENT NM TAXPAYER IDENTIFICATION NUMBER (CRS #): 0 ____ -- ____ -- ____

Applicants are responsible for ensuring that business activity complies with all relevant State, Federal, and local regulations. Issuance of this Business Registration does not imply that all such requirements have been met. Applicant hereby confirms that statements on this application are true and correct.

Signature _____ Title _____ Date _____

MAKE CHECKS PAYABLE TO:
 CITY OF RATÓN
 P.O. BOX 910
 RATÓN, NM 87740

IF YOU HAVE QUESTIONS, PLEASE CONTACT OUR OFFICE FOR ADDITIONAL INFORMATION AT (575)445-9551
 You may also return this/contact me via email: tgarcia@cityofraton.com
 Thank You. Have a Wonderful 2013! - Deputy Clerk, Tricia Garcia