

City of Aztec
201 West Chaco
Aztec NM 87410
www.aztecnm.gov



Office: (505) 334-7670
Fax: (505) 334-7679

License No. _____
License Fee: \$50.00

APPLICATION FOR BUSINESS LICENSE Body Art Establishments

PLEASE PRINT

Legal Name of Business: _____
Trade Name (DBA): _____
Physical Address: _____
Mailing Address: _____
Business Phone #: _____ Alternate Phone #: _____
Business Email Address: _____
Business Website Address: _____

REQUIRED: State of New Mexico Taxpayer ID _____

Federal Employer Id # (FEIN)

If no FEIN, please provide

Social Security Number

PRIMARY TYPE OF BUSINESS IN NEW MEXICO (Check One)

- | | | |
|---|---|---|
| <input type="checkbox"/> 01 - Agriculture | <input type="checkbox"/> 05 - Trans, Comm. Utility | <input type="checkbox"/> 09 - Service-General |
| <input type="checkbox"/> 02 - Mining | <input type="checkbox"/> 06 - Wholesale | <input type="checkbox"/> 10 - Service-Food |
| <input type="checkbox"/> 03 - Construction | <input type="checkbox"/> 07 - Retail | <input type="checkbox"/> 11 - Government |
| <input type="checkbox"/> 04 - Manufacturing | <input type="checkbox"/> 08 - Finance, Ins, Real Estate | |

Describe the nature of Business. Please be very specific. _____

Date business started or will start in Aztec: _____

Business is located in: Commercial or Retail Building Private Residence

Will your business require any construction modifications to the building/space, or any changes to the ventilation, plumbing, or electrical systems? ____ Yes ____ No.

If yes, contact the City of Aztec Community Development Department located at City Hall, 201 W Chaco in Aztec or call 505-334-7604 for permit requirements.

Please initial to confirm that the location of the business meet all applicable building and fire codes:

Initials _____

Type of Ownership:

Please check one.

- Proprietorship (Sole Owner)
- Partnership (LP,LLP,LLLP,LPA)
- Limited Liability Company (LLC)
- Corporation/S Corporation
- Non-Profit Organization 501(c) 3
Attach IRS Determination Letter

Individual

Name of Owner: _____

Home Address: _____

Driver's License # and State of Issue: _____ Home Phone #: _____

Corporation, Limited Liability Co, or Partnership

Name of Corporation/S-Corporation, Limited Liability Co, or Partnership

Contact Name	Title/Position	Home Phone #
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Home Address

Contact Name	Title/Position	Home Phone #
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Home Address

Street	City	State	Zip Code
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Registered Agent - The individual responsible for accepting service of process for an entity.

Name	Title/Position	Home Phone #
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Home Address

Street	City	State	Zip Code
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Non-Profit 501 (c)3 Organization MUST ATTACH IRS DETERMINATION LETTER.

Name of Organization

Contact Name	Title/Position	Phone #
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Address

Street	City	State	Zip Code
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State your profession or occupation: _____

Your Profession or Occupation requires New Mexico State Certification and/or License.

Your must provide proof that the business establishment has successfully passed a state inspection pursuant to the Body Art Safe Practices Act.

You must attach a copy of your current certification or license issued by the State of New Mexico.

Including owner/applicant, how many employees are employed in the business? _____

City Of Aztec Community Development Checklist

Is the address of the business located inside or outside the city limits of Aztec? IN OUT

Including owner/applicant, how many employees are employed in the business? _____

Does the business receive public traffic? YES NO

 If YES, how many customers per day? _____

What are the hours of operation? _____

Will there be traffic concentrated during a specific time of day? (specify times)

What type of off street parking is available, if any?

Are there any business related vehicles? YES NO

 If YES, list each vehicle by make/model and license and where they will be stored overnight.
(Use separate sheet)

Any machinery kept outside (e.g. backhoes, drill rig, etc)? YES NO

 If YES, what type and how many? _____

Is there any other outside storage (e.g. pipes, engines, tools, etc)? YES NO

 If YES, what type, how long, and what is being done to screen from view?

I, _____ agree to comply with all applicable regulations in the City of Aztec Code, found online at www.aztecnm.gov or in the City Clerk's office located at 201 W. Chaco, Aztec, NM 87410.

Signature of applicant

Date

COMMUNITY DEVELOPMENT USE ONLY

What is the zone district for this business? NIC A-1 MH R-1 R-2 C-1 C-2 O-1 M-1 M-2 PUD

Is business in compliance with the Zone district? YES NO

Stipulations or Restrictions: _____

San Juan County Communications Authority

207 S. Oliver Drive
Aztec, New Mexico 87410
Phone: (505) 334-6000
Fax: (505) 334-2863

To Whom It May Concern:

As an ongoing process at the 911 Center, we are constantly updating our emergency information for San Juan County businesses. In order to facilitate local Police and Fire departments in providing service 24 hours a day, we need to know whom to contact regarding an emergency (i.e. fire, burglary, open premises, etc.) when the business is closed.

Please complete the following form with emergency contact information for your business and return the form to the San Juan County Communication Center. The information on this form is kept on file at the 911 Center for emergency purposes only.

Thank you in advance for your cooperation.

Business Name:

Business Address:

After Hours Number that is Answered:

IN CASE OF EMERGENCY NOTIFY

1st

Home Number

Cell Number

2nd

Home Number

Cell Number

3rd

Home Number

Cell Number

Alarm Company:

Phone Number