

City of Aztec  
201 West Chaco  
Aztec NM 87410  
[www.aztecnm.gov](http://www.aztecnm.gov)



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

License No. \_\_\_\_\_  
License Fee: \$50.00

## APPLICATION FOR BUSINESS LICENSE

### Armored Car Service

**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: \_\_\_\_\_

Does your Profession or Occupation require New Mexico State Certification or License?  Yes  No

**If yes,** 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? \_\_\_\_\_

**INFORMATION NEEDED SPECIFICALLY FOR A ARMORED CAR SERVICE LICENSE**

\_\_\_\_ The number of vehicles proposed to be operated and a complete description of the vehicles – please attach list to this application

Describe past experience of the applicant in reference to the armored car business, and the name, address and past experience of the person to be in charge of the premises of the business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Provided copies of current vehicle registrations and current auto insurance for all business vehicles.

\_\_\_\_ Provide a list of current armored car drivers' names and copy of current driver's license for each driver.

\_\_\_\_ I agree that fingerprints of the applicant and all the drivers' of the armored cars are to be taken by the police department and placed on file there.

I agree that the Business License Officer may, upon the filing of this application, may investigate the applicant and examine his/her affairs in relation to this business as the city may deem necessary to enable the issuance of the license. \_\_\_\_\_ (please initial)

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The City of Aztec publishes all new businesses in our local newspaper. If you prefer your business not to be published in our local newspaper please check this box

I understand that a copy of Chapter 11, Business Licensing and Regulations of the Aztec City Code is available upon request or I can visit the City of Aztec's website at [www.aztecm.gov](http://www.aztecm.gov) to view and print. Please initial \_\_\_\_\_

**Do you need more information?**

We would like to provide all Aztec Businesses with valuable information to answer as many questions you may have about doing business in Aztec. Please let us know how we can assist you:

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**Signature**

It shall be unlawful for any applicant to knowingly provide any materially inaccurate, false, or misleading information on any license application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge, true, correct and complete. I hereby certify that I have received an Aztec Business Reference Guide, an FAQ sheet and a copy of Chapter 11, Article VIII, pertaining to Armored Car Services.

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Printed Name	Applicant Signature	Date
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THIS SECTION FOR CITY OF AZTEC USE ONLY	
<b>BUSINESS LICENSE DIVISION</b>	
Comments:	
<input type="checkbox"/> Approved <span style="margin-left: 200px;"><input type="checkbox"/> Denied</span>	
Signature	Date
<b>COMMUNITY DEVELOPMENT DEPARTMENT</b>	
Comments:	
<input type="checkbox"/> Approved <span style="margin-left: 200px;"><input type="checkbox"/> Denied</span>	
Signature	Date
Temporary License Issued: <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	
Temporary License Expiration Date: _____	
Public Hearing required <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	

**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](http://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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# 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

1<sup>st</sup>

\_\_\_\_\_

Home Number

Cell Number

2<sup>nd</sup>

\_\_\_\_\_

Home Number

Cell Number

3<sup>rd</sup>

\_\_\_\_\_

Home Number

Cell Number

Alarm Company:

Phone Number