

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 per vehicle

## APPLICATION FOR BUSINESS LICENSE

### Food Catering, Food Vending and Mobile Food Service Units

**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,LLLLP,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 #
--------------	----------------	--------------

Home Address

Contact Name	Title/Position	Home Phone #
--------------	----------------	--------------

Home Address

Street	City	State	Zip Code
--------	------	-------	----------

**Registered Agent** - The individual responsible for accepting service of process for an entity.

Name	Title/Position	Home Phone #
------	----------------	--------------

Home Address

Street	City	State	Zip Code
--------	------	-------	----------

**Non-Profit 501 ( c)3 Organization** MUST ATTACH IRS DETERMINATION LETTER.

Name of Organization

Contact Name	Title/Position	Phone #
--------------	----------------	---------

Address

Street	City	State	Zip Code
--------	------	-------	----------

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 FOOD CATERING, FOOD VENDING AND MOBILE  
FOOD SERVICE UNITS LICENSE**

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

This application for a Business License for a Mobile Food Service Unit pursuant to the provisions of this Article shall specify or include:

1. The name, business and residence address of the applicant and the address where the mobile catering vehicle is stored during non-operating hours.

\_\_\_\_\_  
\_\_\_\_\_

If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation; the names and residence addresses of each of the officers and directors. If the applicant is a partnership, the application shall set forth the name and residence address of each of the partners, including limited partners. If one or more of the partners is a corporation, the provisions of this Section pertaining to a corporate applicant apply.

List names, address and telephone numbers of corporate officers, partners, or individual operators of the business or attach list of such to application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. A description of the Mobile Food Service Unit, including the following data:

- a. The Make:\_\_\_\_\_
- b. The Model:\_\_\_\_\_
- c. The Bodystyle:\_\_\_\_\_
- d. The vehicle license plate number\_\_\_\_\_
- e. The vehicle identification number\_\_\_\_\_
- f. Any other identifying number as may be required by the City of Aztec\_\_\_\_\_

3. A description of the food products or services the applicant intends to sell:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The specific location(s) and/or routes of the activity:

---

---

---

5. A detailed description and proposed site plan of where the applicant intends to place his or her Mobile Food Service Unit, illustrating sufficient parking area and adequate ingress and egress for customer vehicles, as required by the Community Development Department.

6. The proposed hours of operation and days of operation for each location and/or route that the Mobile Food Service Unit proposes to serve: \_\_\_\_\_.

7. Provide proof of a valid and current food service permit issued by the health authority or a written statement from the health authority stating that a food service permit is not necessary.

8. If proposing to locate the Mobile Food Service Unit on private property not owned by the applicant, a lease agreement or notarized statement from the landowner of record is required as proof of location approval and use.

9. If proposing to be located at one location for more than two hours, a restroom facility use agreement must be provided from a business within one hundred fifty (150) feet or less of the Mobile Food Service Unit location, as proof that employees of the Mobile Food Service Unit will have access to and use of flushable restrooms (or other facilities as approved by the health authority) during the hours that the Mobile Food Service Unit will be in operation.

10. CERTIFICATE OF LIABILITY INSURANCE - An approved applicant with the intentions of operating a food or vending truck on public property agrees to conduct all activities lawfully while upon the premises. The licensee expressly agrees to indemnify and hold harmless, at all times, the City from liability for damage to or caused by its members, employees, agents representatives, guests, volunteers, vendors, etc. arising out of or connected with the use or occupancy of the designated premises or any part thereof and will provide proof of said indemnity in the form of a valid and existing policy of insurance, for while in operation of a food or vending truck while on Public Property. Such policy will be in accordance with the New Mexico Tort Claims Act and will be in the amount of one million (1,000,000.00) dollars combined single limit and the renter shall have the City of Aztec named as an additionally insured entity on the policy for the duration of the Event.

11. USE OF FACILITIES WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT - A waiver of liability must be submitted for all vendor that have intentions of operating a food or vending truck on public property.

No license for a Mobile Food Service Unit will be issued if the required information is not provided.

Each Mobile Food Service Unit shall require a separate license pursuant to this Article. Each license issued pursuant to this Article shall be valid for only those Locations, Routes and hours of operation that the City of Aztec approves as set forth in this Article.

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

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)

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:

---

---

**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.

---

Printed Name	Applicant Signature	Date
--------------	---------------------	------

<b>THIS SECTION FOR CITY OF AZTEC USE ONLY</b>	
<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

## City Of Aztec Community Development Checklist

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## City Of Aztec Business License Checklist for Food or Vending Mobile Units

- 1. Copy of Applicant (s) Driver's License
- 2. Copy of Valid Vehicle Registration
- 3. Copy of Valid Vehicle Insurance
- 4. Copy of Approved Food Inspection Permit
- 5. Copy of Menu Items
- 6. Copy of Use of Restroom Facility Agreement, if operating more than two hours at one location
- 7. Copy of Lease or written permission including site plan showing location of truck, if operating on private property
- 8. Copy of Certificate of Liability Insurance, if operating on Public Property or any City Facility
- 9. Copy of Waiver of Liability, if operating on Public Property or any City Facility
- 10. Picture of Food/Vending Truck