

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: \$35.00 per each  
Peddler or Solicitor

## APPLICATION FOR BUSINESS LICENSE Peddler or Solicitor

### 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? \_\_\_\_\_

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 understand that I must carry the Aztec Business License and a current identification card while engaging in businesses in the City of Aztec.

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



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 \_\_\_\_\_