

CITY OF AZTEC
201 WEST CHACO
AZTEC NM 87410



OFFICE: (505) 334-7670
FAX: (505) 334-7679

SPECIAL EVENT BUSINESS REGISTRATION

_____ DAY(s) (3 Day Maximum)

PERMIT FEE IS \$10.00 PER DAY

PART A. Vendor Information

Name of Business: _____

Mailing Address: _____

Contact Person: _____

Phone: _____

Brief Description of Business: _____

State Tax ID #: _____

CRS #: _____

Are You a Mobile Food Service? No _____ Yes _____ Complete Part B

Location of Special Event: _____

Date and Time Event will Occur: _____

PART B. Mobile Food Handling Vendor

Copies of the following documents need to be provided:

_____ Applicant (s) Driver's License

_____ Valid Vehicle Registration

_____ Valid Vehicle Insurance

_____ Approved Food Inspection Permit

_____ Certificate of Liability Insurance

_____ Waiver of Liability

_____ Fire Inspection by San Juan County

SJC Fire Marshall Signature

As a Mobile Food Vendor, you are notified that it is illegal to dispose of any liquids and/or grease onto the ground or any City storm or sewer system. Punishable by *Sec. 25-164. Discharges Subject to Regulations.*

SIGNATURE OF APPLICANT

DATE



San Juan County
 Fire Department
 209 South Oliver Drive
 Aztec, New Mexico 87410
 Phone: 505-334-4313
 Fax: 505-334-3755
businessreg@sjcounty.net



Building and Fire Inspection for City of Aztec Business License Application

Owner/Business Information

Business Name	Owner's Name
Type of Business	Physical Address of Business, City State, Zip Code
Mailing Address of Business, City, State, Zip Code	Business Phone Number(s)
Emergency or Cellular contact number(s)	E-mail Address
What are the hours of operation?	Is the public invited to your place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are hazardous materials stored or used in your business? If yes, please attach an inventory/disclosure form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Combined Reporting System (C.R.S) New Mexico Tax Identification Number:	

SIGNATURE

Option 1: Print application – sign then mail or hand deliver to above address; or scan and e-mail

It shall be unlawful for any applicant to knowingly provide any false, misleading or materially inaccurate information on this application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge, true, correct and complete.

Applicant's Printed Name	Signature	Date

Option 2: File Electronically

By clicking the box labeled "I Agree" and submitting this form electronically, I agree that the statements made herein are to the best of my knowledge, true, correct and complete, under penalty of perjury.

I Agree

For County Use Only

Fire Marshal's Signature	Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A <input type="checkbox"/>	Date
	Fire Inspection Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Comments:		