

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



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

Number of Days: _____
License Fee: \$10.00/Day
Payable to City of Aztec

APPLICATION FOR SPECIAL EVENT BUSINESS REGISTRATION VENDOR'S PERMIT

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. _____

_____ If serving food a Current New Mexico Food Permit will need to be attached.

Name of Event: _____

Date(s) Special Event will take place: _____

Location of Event: _____

Sponsor of Event: _____

Type of Ownership:

Please check one.

- | | |
|--|--|
| <input type="checkbox"/> Proprietorship (Sole Owner) | <input type="checkbox"/> Corporation/S Corporation |
| <input type="checkbox"/> Partnership (LP,LLP,LLLP,LPA) | <input type="checkbox"/> Non-Profit Organization 501(c) 3 |
| <input type="checkbox"/> Limited Liability Company (LLC) | Attach IRS Determination Letter |

Please complete appropriate Ownership Type Information

<u>Individual</u>	
Name of Owner: _____	
Home Address: _____	
Driver's License # and State of Issue: _____ Home Phone #: _____	

<u>Corporation, Limited Liability Co, or Partnership</u>			
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
<u>Registered Agent</u> - The individual responsible for accepting service of process for an entity.			
Name	Title/Position	Home Phone #	
Home Address			
Street	City	State	Zip Code

<u>Non-Profit 501 (c)3 Organization</u> 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.

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.aztecnm.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
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THIS SECTION FOR CITY OF AZTEC USE ONLY	
BUSINESS LICENSE DIVISION	
Comments:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Signature	Date