



Fee: \$35.00

## APPLICATION FOR MAIN STREET VENDOR BUSINESS LICENSE

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

**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                             |

Driver's License # and State of Issue: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

State your profession or occupation: \_\_\_\_\_

**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

**BUSINESS LICENSE DIVISION - THIS SECTION FOR CITY OF AZTEC USE ONLY**

- Approved                       Denied

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_