

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: \$125.00 per day  
Security fee: \$40/hour/officer

## APPLICATION FOR BUSINESS LICENSE Carnival

### PLEASE PRINT

Legal Name of Business: \_\_\_\_\_  
Trade Name (DBA): \_\_\_\_\_  
Physical Address of Carnival: \_\_\_\_\_  
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 |   |

Provide the hours per day that the Carnival will be in operation each day (Start to Close)

\_\_\_\_\_

Number of hours per day that Carnival will be in operation per day between 6:00pm and close? \_\_\_\_\_

A security fee will be assessed on a per hour, per officer rate (**2 officer minimum**) from 6:00pm to close.

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 #
--------------	----------------	--------------

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? \_\_\_\_\_

## ARTICLE XII. CARNIVAL RIDES

### DIVISION 1. IN GENERAL

#### Sec. 11-12-1. Requirements

1. No person shall operate a carnival ride without a policy of insurance in an amount not less than three million dollars (\$3,000,000) against liability for injury to persons arising out of the operation of the carnival ride.
2. Either a copy of the policy furnished to the insured or a certificate stating that the insurance required by this section is in effect shall be filed with the Business License Officer along with Business License Application.
3. The policy shall contain a schedule listing by name and serial number each carnival ride insured by the policy. In the event of additions or deletions of carnival rides during the policy terms, such changes shall be shown on a change endorsement, a copy of which shall be submitted to the department and the local government entity.
4. In the event of policy cancellation by either the insured owner or operator or the insurance company, the insured shall furnish notice of the cancellation to the City of Aztec, Business License Officer, no later than ten days prior to cancellation.
5. No person, owner or operator of a carnival ride shall operate any carnival ride without obtaining a certificate of inspection for each ride by an inspector of the department or its designee and shall include the certificate of inspection with the Business License application. The owner or operator shall annually have each carnival ride inspected and annually file the certificate of inspection. The certificate of inspection shall state that the carnival ride operator or owner has had the rides independently inspected by a national amusement ride safety official class 1, 2 or 3 inspector within twelve (12) months of the operation of the ride within the state and whether any deficiencies noted by the engineer have been corrected. In addition, the owner or operator of the ride shall inspect the ride each day the ride is operated before any member of the public is permitted to board the ride. The owner or operator shall keep a current log of such inspections which shall be available for review by local enforcement officials during operating hours.
6. The insured shall pay a fifty dollar (\$50.00) per carnival ride per inspection filing fee with the department and must submit proof of payment with the Business License application.

#### Sec. 11-12-2. License Fee; Security.

If license is granted by the Business License Officer, a license fee as provided in Chapter 16 Fee Schedule Article VIII, Business Registration and License Fees, shall be paid. Security is required between the hours of 6:00 pm and closing. Security will be provided only through Aztec Police Department and the fees shall be paid as provided in Chapter 16, Fee Schedule, Business Registration and License Fees. A minimum of two (2) police officers will be on duty during the required hours of 6:00 pm to closing

#### Sec. 11-12-3. Penalties.

1. The local law enforcement agency shall have the authority to enforce the provisions of the Carnival Ride Insurance Act. Any person who does not maintain liability insurance on a carnival ride, operates a carnival ride or authorizes the operation of a carnival ride that does not have insurance, does not annually have his carnival rides inspected or does not file the proper certificates as set forth in the Carnival Ride Insurance Act is guilty of a misdemeanor and upon conviction the court shall impose a fine per day for the operation of each ride.
2. Violations of any of the provisions of this article are punishable as provided in Section 1-12.

#### Sec. 11-12-4. Liability; Limitations.

No provision of the Carnival Ride Insurance Act (NMSA 1978, §57-25-1 to §57-25-6) shall be construed to place any liability on the state, department or on the municipality with respect to any claim by any person, firm or corporation relating to a carnival ride or to any injury or damages arising from a carnival ride.

#### Sec. 11-12-5. Exemptions.

The provisions of the Carnival Ride Insurance Act (NMSA 1978, §57-25-1 to §57-25-6) shall not apply to nonprofit organizations that own and operate a carnival ride ten days or less each year.

*State law reference - Similar definitions, NMSA 1978, §57-25-1 to 57-25-6.*

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. I hereby certify that I have received an Aztec Business Reference Guide, and an FAQ sheet and Article XII, Carnival Rides of the Aztec City Code.

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
<b>Aztec Police 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  OUT

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

THIS PAGE IS TO BE BLANK

# 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

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