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

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

License No._____
License Fee: $50.00 per vehicle

APPLICATION FOR BUSINESS LICENSE

Food Catering, Food Vending and Mobile Food Service Units

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)

- ☐ 01 - Agriculture
- ☐ 02 - Mining
- ☐ 03 - Construction
- ☐ 04 - Manufacturing
- ☐ 05 - Trans, Comm. Utility
- ☐ 06 - Wholesale
- ☐ 07 - Retail
- ☐ 08 - Finance, Ins, Real Estate
- ☐ 09 - Service-General
- ☐ 10 - Service-Food
- ☐ 11 - Government

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 intial 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 Lettter

Individual

Name of Owner:_____

Home Address:_____

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

Corporation, Limited Liability Co, or Partnership

Name of Corportation/S-Corporation, Limitied 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? _____

INFORMATION NEEDED SPECIFICALLY FOR FOOD CATERING, FOOD VENDING AND MOBILE FOOD SERVICE UNITS LICENSE

____The number of vehicles proposed to be operated and a complete description of the vehicles – please attach list to this application

This application for a Business License for a Mobile Food Service Unit pursuant to the provisions of this Article shall specify or include:

1. The name, business and residence address of the applicant and the address where the mobile catering vehicle is stored during non-operating hours.

_____

_____

If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation; the names and residence addresses of each of the officers and directors. If the applicant is a partnership, the application shall set forth the name and residence address of each of the partners, including limited partners. If one or more of the partners is a corporation, the provisions of this Section pertaining to a corporate applicant apply.

List names, address and telephone numbers of corporate officers, partners, or individual operators of the business or attach list of such to application.

_____

_____

_____

2. A description of the Mobile Food Service Unit, including the following data:

   a. The Make:_____
   b. The Model:_____
   c. The Bodystyle:_____
   d. The vehicle license plate number_____
   e. The vehicle identification number_____
   f. Any other identifying number as may be required by the City of Aztec_____

If this information is not known at the time of license application a temporary license may be issued and this requirement can be satisfied as a condition of obtaining a final and permanent license; if this information is not obtained within sixty (60) days of the date the City issues a temporary business license, the license request shall be automatically scheduled for a license revocation hearing.

3. A description of the food products or services the applicant intends to sell:
_____
_____
_____

4. The specific location(s) and/or routes of the activity:
_____
_____
_____

5. A detailed description and proposed site plan of where the applicant intends to place his or her Mobile Food Service Unit, illustrating sufficient parking area and adequate ingress and egress for customer vehicles, as required by the Community Development Department.

6. The proposed hours of operation and days of operation for each location and/or route that the Mobile Food Service Unit proposes to serve: _____.

7. Provide proof of a valid and current food service permit issued by the health authority or a written statement from the health authority stating that a food service permit is not necessary.

8. If proposing to locate the Mobile Food Service Unit on private property not owned by the applicant, a lease agreement or notarized statement from the landowner of record is required as proof of location approval and use.

9. If proposing to be located at one location for more than two hours, a notarized statement from a business within one hundred fifty (150) feet of the Mobile Food Service Unit location must be provided as proof that employees of the Mobile Food Service Unit will have access to and use of flushable restrooms (or other facilities as approved by the health authority) during hours of Mobile Food Service Unit operation.

No license for a Mobile Food Service Unit will be issued if the required information is not provided.

Each Mobile Food Service Unit shall require a separate license pursuant to this Article. Each license issued pursuant to this Article shall be valid for only those Locations, Routes and hours of operation that the City of Aztec approves as set forth in this Article.

____Provided copies of current vehicle registrations and current auto insurance for all business vehicles.

I agree that the Business License Officer may, upon the filing of this application, may investigate the applicant and examine his/her affairs in relation to this business as the city may deem necessary to enable the issuance of the license. _____ (please initial)

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.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, ture, correct and complete. I hereby certify that I have received an Aztec Business Reference Guide, an FAQ sheet and a copy of Chapter 11, Article IX, pertaining to Food Catering, Food Vending, and Mobile Food Serivice Units.

_____

Printed Name | Applicant Signature | Date

THIS SECTION FOR CITY OF AZTEC USE ONLY

BUSINESS LICENSE DIVISION

Comments:

☐ Approved ☐ Denied

Signature Date

COMMUNITY DEVELOPMENT DEPARTMENT

Comments:

☐ Approved ☐ Denied

Signature Date

Temporary License Issued: ☐ Yes ☐ No

Temporary License Expiration Date: _____

Public Hearing required ☐ Yes ☐ No

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 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: _____

_____

_____

_____

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

1st _____ _____
Home Number
_____
Cell Number

2nd _____ _____
Home Number
_____
Cell Number

3rd _____ _____
Home Number
_____
Cell Number

_____ _____
Alarm Company: Phone Number