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 #:   |   |                                | Alte | rnate Phone #:       |
| Business Email Address:   |   |                                |      |                      |
| Business Website Address:   |   |                                |      |                      |
| REQUIRED: State of New N  | /lexic  | o Taxpayer ID                  |      |                      |
| Federal Employer Id # (F  | EIN)  | If no FEIN, please provide     | Soc  | ial Security Number  |
| PRIMARY TYPE OF BUSIN   | IESS  | IN NEW MEXICO (Check One)      |      |                      |
| 01 - Agriculture  |   | 05 - Trans, Comm. Utility      |      | 09 - Service-General |
| D 02 - Mining   |   | 06 - Wholesale                 |      | 10 - Service-Food    |
| □ 03 - Construction   |   | 07 - Retail                    |      | 11 - Government      |
| 04 - Manufacturing  |   | 08 - Finance, Ins, Real Estate |      |                      |
| Describe the nature of Busir  | ness.   | 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   | 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 Corporta                                  | ation/S-Corporation, L  | imitied 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 Age                                    | nt - The individual res | sponsible for accepting service of proces | ss 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?  $\Box$ Yes  $\Box$ No *If yes,* you must <u>attach a copy</u> 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\_\_\_\_\_
- 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 restroom facility use agreement must be provided from a business within one hundred fifty (150) feet or less of the Mobile Food Service Unit location, 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 the hours that the Mobile Food Service Unit will be in operation.

10. CERTIFICATE OF LIABILITY INSURANCE - An approved applicant with the intentions of operating a food or vending truck on public property agrees to conduct all activities lawfully while upon the premises. The licensee expressly agrees to indemnify and hold harmless, at all times, the City from liability for damage to or caused by its members, employees, agents representatives, guests, volunteers, vendors, etc. arising out of or connected with the use or occupancy of the designated premises or any part thereof and will provide proof of said indemnity in the form of a valid and existing policy of insurance, for while in operation of a food or vending truck while on Public Property. Such policy will be in accordance with the New Mexico Tort Claims Act and will be in the amount of one million (1,000,000.00) dollars combined single limit and the renter shall have the City of Aztec named as an additionally insured entity on the policy for the duration of the Event.

11. USE OF FACILITIES WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT - A waiver of liability must be submitted for all vendor that have intentions of operating a food or vending truck on public property.

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:

### <u>Signature</u>

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 |
|-----------------------------|---|------|
|                             | THIS SECTION FOR CITY OF AZTEC USE ONLY |      |
| BUSINESS LICENSE DIVISION   |   |      |
| Comments:                   |   |      |
|                             |   |      |
|                             |   |      |
|                             |   |      |
| Approved                    |   |      |
|                             |   |      |
| Signature                   | Date                                    |      |
|                             |   |      |
| COMMUNITY DEVELOPMENT DEPAI | RTMENT                                  |      |
| Comments:                   |   |      |
|                             |   |      |
|                             |   |      |
|                             |   |      |
| Approved                    |   |      |
|                             |   |      |
| Signature                   | Date                                    |      |

| City Of Aztec Community Development Checklist  |          |
|--|----------|
| Is the address of the business located inside or outside the city limits of Aztec?   |          |
| Including owner/applicant, how many employees are employed in the business?  |          |
| Does the business receive public traffic?  |          |
| 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?   |          |
| If YES, list each vehicle by make/model and license and where they will be stored overnight (Use separate sheet)   | Γ.       |
| Any machinery kept outside (e.g. backhoes, drill rig, etc)?  |          |
| If YES, what type and how many?  |          |
| Is there any other outside storage (e.g. pipes, engines, tools, etc)?<br>If YES, what type, how long, and what is being done to screen from view?                                  | □YES □NO |
|  |          |
| I, agree to comply with all applicable regulations in the C<br>found online at www.aztecnm.gov or in the City Clerk's office located at 201 W. Chac<br>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         Is business in compliance with the Zone district?         Is business or Restrictions:     |          |
|  |          |

## **City Of Aztec Business License Checklist for Food or Vending Mobile Units**

- 1. Copy of Applicant (s) Driver's License
- 2. Copy of Valid Vehicle Registration
- 3. Copy of Valid Vehicle Insurance
- 4. Copy of Approved Food Inspection Permit
- 5. Copy of Menu Items
- 6. Copy of Use of Restroom Facility Agreement, if operating more thae two hours at one location
- 7. Copy of Lease or written permission including site plan showing location of truck, if operating on private property
- 8. Copy of Certificate of Liability Insurance, if operating on Public Property or any City Facility
  - 9. Copy of Waiver of Liability, if operating on Public Property or any City Facility
  - 10. Picture of Food/Vending Truck

| 1 |   |               | _        |
|---|---|---------------|----------|
|   | Business License Planning & Zoning<br>Checklist Form  | g             |          |
|   | GENERAL BUSINESS INFORMATION  |               |          |
|   | Is the address of the business located in city limits of Aztec?   | Yes           | No       |
|   | If the answer is no, you do not need to complete this form other than signature lin   | e.            |          |
|   |   |               |          |
|   | Including the 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?  |               |          |
|   | Please describe, in detail, that nature of the business:  |               |          |
|   |   |               |          |
|   | SITE LOCATION OF BUSINESS   |               |          |
|   | Any structural changes to an existing building (additions, modifications, etc.)   | Yes           | No       |
|   | If Yes, please explain:   | 163           | NO       |
|   | Does the location of the business meets all current applicable building and fire code   | s?            |          |
|   | Please call 505-334-4313 to schedule an inspection, if you do not have a current inspection. A copy of  | Yes           | No       |
|   | your current inspection must be included with this application-Home Based Business Excluded.  |               |          |
|   | List the type(s) of equipment that will be used:  |               |          |
|   |   | 1             |          |
|   | Is the parking area graveled and/or paved?  | Yes           | No       |
|   | Has Community Development approved the parking plan?  | Yes           | No       |
|   | Will the business have an advertisement sign(s) ?   | Voc           | No       |
|   | (wall signs, temporary signs, pole signs etc.)<br>If Yes, have the sign permits been approved by Community Development?   | Yes<br>Yes    | No<br>No |
|   | If yes, please state the permit number  | 163           | NO       |
|   | Every location in Aztec is required to have a trash receptacle.   |               |          |
|   | Will your business need a 96 gallon cart or larger dumpster?  | t D           | umpster  |
|   | Please note: If your business will need dumpster the dumpster(s) be screened  | from public   | view     |
|   | and enclosure must meet the specifications determined by our solid waste contr  | ractor.       |          |
|   | Will there be any outside storage (e.g., pipes, crates, engines, tools ect.)?   | Yes           | No       |
|   | <b>Please note:</b> outdoor storage is prohibited unless surrounded by a solid wall of to eight (6 to 8) feet in height except for the M-1, M-2, or PUD District and is s |               |          |
|   | by the Community Development Department.  | συσμετί το αμ | ριοναί   |
|   | ZONING  |               |          |
|   | What is the zoning district for the business location? Please Select On   | e             |          |
|   | A-1 MH R-1 R-2 C-1 C-2 O-1 M-1  | MM-2          | PUD      |
|   | COURTESY SAFETY INSPECTION  |               |          |
|   | Would you like an inspection of the property from Community Development?  | Yes           | No       |
|   |   |               |          |
|   | SIGNATURE AND ACKNOWLEDGEMENT   |               |          |
|   | It shall be unlawful for any applicant to knowingly provide false or misleading infor   | mation on a   | iny      |
|   | application. By signing this application you agree that the statements made are tru   | e, correct a  |          |
|   | complete and you agree to comply with all Aztec City Regulations and the Aztec Cit  | ty Code.      |          |
|   | Printed Name of Applicant:  |               |          |
|   | Signature of Applicant:   | Date:         |          |
|   |   |               |          |

| 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         Have all permits and plans been obtained, reviewed and approved by the Community<br>Development Department?       Yes       No         If no, what is missing?         Date of contact with business owner/representative:       Comments:       If no, what is missing?       If no, what is missing?         Date of contact with business owner/representative:       Deny       Approve         Date of contact with business owner/representation:       Deny       Approve   | CITY OF AZTEC USE ONLY   |          |          |  |  |
|--|--|----------|----------|--|--|
| NIC       A-1       MH       R-1       R-2       C-1       C-2       O-1       M-1       M-2       PUD         Have all permits and plans been obtained, reviewed and approved by the Community<br>Development Department?       Yes       No         If no, what is missing?       If no, what is missing?       No       No       No         Date of contact with business owner/representative:<br>Community Development Recommendation:<br>Deny       Approve       Approve         Date of Recommendation:<br>Comments:       Deny       Approve       Approve         Application reviewed by:<br>Denied       Community Development Seal/Stamp       Stamp         Business License Office       Stamp       Stamp       Stamp  | Is the business in compliance with the zone district?  | Yes      | No       |  |  |
| Have all permits and plans been obtained, reviewed and approved by the Community       Yes       No         Development Department?       If no, what is missing?       No         Date of contact with business owner/representative:       Comments:       Comments:         Community Development Recommendation:       Deny       Approve         Date of Recommendation:       Community       Approve         Application reviewed by:       Community Development Seal/Stamp       East/Stamp         Business License Office       Business License Office       Development Seal/Stamp  | What is the zone district for this business?   |          |          |  |  |
| Development Department?       Tes       No         If no, what is missing?       If no, what is missing?       If no, what is missing?         Date of contact with business owner/representative:       Comments:       If no, what is missing?         Date of contact with business owner/representative:       Comments:       If no, what is missing?         Community Development Recommendation:       Deny       Approve         Date of Recommendation:       Community       Approve         Comments:       If no, what is missing?       If no, what is missing?         Application reviewed by:       If no, what is missing?       If no, what is missing?         Approved       Community Development Seal/Stamp       If no, what is missing?         Business License Office       If no, what is missing?       If no, what is missing? | NIC         A-1         MH         R-1         R-2         C-1         C-2         O-1         M-1       | M-2      | PUD      |  |  |
| Date of contact with business owner/representative:         Comments:         Community Development Recommendation:         Date of Recommendation:         Comments:         Comments:         Application reviewed by:   | Have all permits and plans been obtained, reviewed and approved by the Community Development Department? | Yes      | No       |  |  |
| Comments:  Community Development Recommendation: Deny Approve Date of Recommendation: Comments:  Application reviewed by: Approved Denied  Business License Office   | If no, what is missing?  |          |          |  |  |
| Comments:  Community Development Recommendation: Deny Approve Date of Recommendation: Comments:  Application reviewed by: Approved Denied  Business License Office   |  |          |          |  |  |
| Comments:  Community Development Recommendation: Deny Approve Date of Recommendation: Comments:  Application reviewed by: Approved Denied  Business License Office   |  |          |          |  |  |
| Comments:  Community Development Recommendation: Deny Approve Date of Recommendation: Comments:  Application reviewed by: Approved Denied  Business License Office   |  |          |          |  |  |
| Comments:  Community Development Recommendation: Deny Approve Date of Recommendation: Comments:  Application reviewed by: Approved Denied  Business License Office   |  |          |          |  |  |
| Community Development Recommendation:       Deny       Approve         Date of Recommendation:       Comments:       Image: Comments:         Comments:       Image: Community Development Seal/Stamp       Image: Community Development Seal/Stamp         Approved       Community Development Seal/Stamp       Image: Community Development Seal/Stamp         Business License Office       Image: Community Development Seal/Stamp       Image: Community Development Seal/Stamp  | Date of contact with business owner/representative:  |          |          |  |  |
| Date of Recommendation:         Comments:         Application reviewed by:         Approved         Community Development Seal/Stamp         Denied  | Comments:  |          |          |  |  |
| Date of Recommendation:         Comments:         Application reviewed by:         Approved         Community Development Seal/Stamp         Denied  |  |          |          |  |  |
| Date of Recommendation:         Comments:         Application reviewed by:         Approved         Community Development Seal/Stamp         Denied  |  |          |          |  |  |
| Date of Recommendation:         Comments:         Application reviewed by:         Approved         Community Development Seal/Stamp         Denied  |  |          |          |  |  |
| Comments:  Application reviewed by:  Approved Denied  Business License Office  |  | Approve  |          |  |  |
| Application reviewed by:         Approved         Community Development Seal/Stamp         Denied  |  |          |          |  |  |
| Approved       Community Development Seal/Stamp         Denied       Business License Office   | Comments:  |          |          |  |  |
| Approved       Community Development Seal/Stamp         Denied       Business License Office   |  |          |          |  |  |
| Approved       Community Development Seal/Stamp         Denied       Business License Office   |  |          |          |  |  |
| Approved       Community Development Seal/Stamp         Denied       Business License Office   |  |          |          |  |  |
| Approved       Community Development Seal/Stamp         Denied       Business License Office   |  |          |          |  |  |
| Denied Business License Office   | Application reviewed by:   |          |          |  |  |
| Business License Office  | Approved Community Development Seal/Stamp  |          |          |  |  |
| Business License Office  |  |          |          |  |  |
|  | Denied   |          |          |  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |          |          |  |  |
| Comments/Recommendations:  | Business License Office  |          |          |  |  |
| Comments/Recommendations:  |  |          |          |  |  |
|  | Comments/Recommendations:  |          |          |  |  |
|  |  |          |          |  |  |
|  | <u> </u>   | <u>.</u> | <u> </u> |  |  |
|  |  |          |          |  |  |
| Approved Denied  |  |          |          |  |  |
| Approved by: Date:   | Approved by: Date:   |          |          |  |  |
|  |  |          |          |  |  |

Additional Notes:

# New Business Checklist

The following information may serve as a quick reference guide to those that would like to open a business in the City of Aztec. This list is not intended to be all-inclusive but may serve as a guideline to assist business owners.

**STEP 1: ZONING COMPLIANCE**. Before signing a lease or purchase agreement, the business owner should verify the City of Aztec zoning requirements for the proposed location. Prior to occupying any building (new or existing), the business owner must complete and submit a Commercial Zoning Checklist Form to ensure the business is properly zoned and permitted to operate at the proposed location. If the applicant is making structural changes to an existing building (additions, modifications, etc.), these changes should also be included on the application form. If the applicant is constructing a new building, the Commercial Zoning Compliance process will also cover zoning review of the new structure and accompanying site plan. Once the Zoning Compliance Form has been reviewed, City staff will contact the applicant with a notice of approval or denial. Appeals may be submitted to the City Commission at a public hearing, with applicable fees. For more information, please contact the Planning Department at (505) 334-7604.

**STEP 2: BUILDING PERMIT**. All new construction, additions, demolition, and/or modifications to existing buildings and building systems will require a building permit from San Juan County's Building Division. Business owners should contact the San Juan County Department to determine if a permit is required before commencing any work. The building permit fees are based on the value of the work to be performed. For more information, please contact the San Juan County Building Division at (505) 334-4313.

**STEP 3: CHANGE OF OCCUPANCY**. When a new business is established, and there is no change in the building's occupancy classification, any non-conformities with existing building codes (except life safety issues) at the time the new business is established shall be grandfathered from the current building codes. However, If there are significant alterations to the structure or when a new business is established which results in a change in a building's occupancy classification (i.e., from "Business" to "Assembly," from "Residential" to "Business," from "Mercantile" to "Business," etc.), then the building must be brought into compliance with current zoning, fire, and building codes before the new business may be established.

**STEP 4: SIGN PERMIT**. Any business owner who intends to place one or more signs at his/her place of business must first obtain a sign permit from the City of Aztec's Community Development Department. A Request for Sign Permit application shall be submitted to City of Aztec, Attn: Community Development Department, 201 W. Chaco St, Aztec, NM, 87410. To expedite the process, please include the following with your application: dimensions of all proposed sign(s), dimensions of the building frontage to which the sign(s) will be attached (if signs will be affixed to a building), and color images or drawings of the proposed sign(s). All sign applications will be reviewed for compliance with the City's sign ordinance and appropriate building codes. There is a fixed \$10 fee for zoning review, while the permit itself will be based on the type of the sign. Fees may be paid at the time the permit is issued. Please note that the City's zoning ordinance does not permit all types of signs. Once the Request for Sign Permit has been reviewed, City staff will contact the applicant with a notice of approval or denial. Appeals may be submitted to the City Commission for Appeals. For more information about sign requirements and permits, please contact the Community Development at (505) 334-7604.