



CITY OF ROSWELL

Home Occupation Business License Registration

Mail to:
CITY OF ROSWELL
421 N. Richardson
P.O. Drawer 1838
Roswell, NM 88202-1838
Attn: Business License Clerk

CITY ZONING ORDINANCES #20-08/CITY ORDINANCES CHAPTER 7
Telephone (575) 637-6208
Facsimile (575) 624-6818
New Registration and Renewals \$35.00
Checks payable to: City of Roswell
*20% Surcharge per Month
For Late Renewals

For Office Use Only

AMT. PAID \$ _____
 CASH CREDIT _____
 CHECK # _____
DATE PAID _____
LIC. DATE _____
BUS. LIC. # _____

PLEASE CHECK THE ONE THAT APPLIES TO YOUR BUSINESS

New Business: _____ New Owner: _____ Location Change: _____ Renewal: _____ Update or Change: _____

PLEASE PRINT OR TYPE ALL INFORMATION, THE APPLICATION WILL BE RETURNED IF NOT LEGIBLE OR COMPLETED.

Business Name: _____ Phone: _____

Business Location: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Type of Business (Be Specific): _____ Letter of Intent Attached check here _____

NM State Tax ID# _____ - _____ - _____ NM State License# _____ Expires: _____
(CRS Tax ID can be obtained at 400 N. Pennsylvania Ste 200) (If profession requires)

Driver's Lic. No.: _____ State: _____ DOB: _____ Email: _____

I certify that the foregoing information is correct to the best of my knowledge and understand that the granting and conitnuance of this license is dependent upon me abiding by all regulations found in the Roswell City Code Chapter 7 and Zoninb Ordinance No. 10-02.

Signature: _____ Last 4 SSN: _____ - _____ Date: _____

PROPERTY OWNER'S NOTARIZED SIGNATURE REQUIRED IF OTHER THAN APPLICANT

Property Owner's Signature _____ Date: _____

State of New Mexico)
) ss.
County of Chaves)

Suscribed and sworn beto before me this _____ day of _____, 20 _____

Notary Public My Commission Expires

OFFICIAL USE ONLY

Approved or Note Approved by: _____ Date: _____

Notes/ Comments: _____

Zoning District: _____ Minor Home Occupation Type: _____ Major Home Occupation Type: _____

Conditional Use Permit Case No. _____ Date Approved: _____

Resitrictions Placed on Conditional Use _____