



# CITY OF ROSWELL

## COMMERCIAL BUSINESS LICENSE REGISTRATION

For Office Use Only

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

CITY ZONING ORDINANCES #20-08/CITY ORDINANCES CHAPTER 7  
Telephone 575-637-6280

Email: Business.license@roswell-nm.gov  
New Registration and Renewals \$35.00  
Checks payable to: City of Roswell

Attn: Business License Clerk

Note: 20% Surcharge per month for Late Renewals

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: \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_  
if name change please provide previous name

Form of Business (please select):    Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_

Specific Day of Operation (within 7 day week) \_\_\_\_\_ Specific Hours of Operation (within 24 hour day) \_\_\_\_\_

Business Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Business (Be Specific): \_\_\_\_\_

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: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

Please list the names, telephone numbers and mailing addresses (business and residence) of owner (s), partners or corporate officers and if a corporation, please include name and mailing address of statutory agent. (Attach a separate sheet if necessary).

Name:	Telephone #	Title	Mailing Address

I certify that the foregoing information is correct, to the best of my knowledge.

Signature: \_\_\_\_\_

PLEASE BE SURE TO: Fill out the application, enclose check or money order or advise if no longer in business

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Return completed form, attachments and check or money order to address indicated at the top of this form (BEFORE inspections are done). After the business has been inspected and approved, the registration will be mailed to you.

OFFICIAL USE ONLY \*Note: A plot plan is required for Planning and Zoning approval. The plot plan needs to be drawn to scale and show the property in question, adjacent street(s) and alley(s), dimensions from property lines to any and all structures located on the lot, all buildings, and driveways and the proposed parking layout with parking spaces numbered. If the proposed parking layout meets city standards, the parking lot will be required to be striped according to the layout submitted. On a separate sheet show the building layout, label rooms with the intended use(s), this will be used to calculate the required parking spaces. Landscaping may also be required. [Use paper no larger than 11" x 17"]

The following departments will inspect the business location prior to the license being issued for a new business, owner or location change:

Planning and Zoning: \_\_\_\_\_

Fire Inspections: \_\_\_\_\_

Building Inspections: \_\_\_\_\_

Wastewater Treatment: \_\_\_\_\_

New Mexico High Department (if on Main or Second): \_\_\_\_\_

Environmental: \_\_\_\_\_

County Planning and Zoning: \_\_\_\_\_

Other: \_\_\_\_\_