

City of Bloomfield

915 N. First Street/ PO Box 1839

Bloomfield, NM 87413

505-632-6300

Fax: 505-632-6310

BUSINESS LICENSE APPLICATION

BUSINESS CONTACT INFORMATION

****Application must be fully completed to be accepted. Please Print or Type Application.**

No exceptions will be made and "same as previous year" or "same" WILL NOT be accepted. Each item must be completed.

Legal Corporate Name of Business		
Doing Business As		
Mailing Address		
Phone/Fax		
Physical Address/Location		
Contact Name and Title		
Phone		
Applicant is	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit organization	
For Individual/Sole and Partnerships: List Names and addresses of owners/partners	1	
	2	3
Emergency Contact Person	Name:	Phone:
Emergency Contact Person	Name:	Phone:

BUSINESS INFORMATION

Type of Business:			
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail	<input type="checkbox"/> Service	<input type="checkbox"/> Construction <input type="checkbox"/> Wholesale <input type="checkbox"/> Financial/Insurance <input type="checkbox"/> Other
Property Currently Zoned		Correct Zoning	<input type="checkbox"/> Yes <input type="checkbox"/> No
An Annual Inspection by the Fire Dept. is required. Please contact the Fire Dept. to setup and appointment, 505-632-6300			
Current NM Taxation and Revenue ID number (CRS-1)			

REGISTRATION FEE

A nonrefundable registration/renewal fee of \$35.00 per location annually. All new businesses must additionally submit a nonrefundable investigation fee of \$25.00. Unless stated otherwise in the Bloomfield Code. **Please contact the City Clerk for the fee for your type of business as they do differ from the standard \$35.00 fee.** Make Checks Payable to **City of Bloomfield.** **Payment will not be accepted if this application is not fully completed and returned along with payment.**

Amount Due:	\$
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I certify by my signature that all the information provided is accurate, true, and correct.

SIGNATURES

Signature			
Print Name and Title			
City Official		Date	

Thank you, for doing business with the City of Bloomfield.