



BUSINESS LICENSE APPLICATION # BN _____
COMMUNITY DEVELOPMENT DEPARTMENT
1203 N. HUDSON/PO Box 1188
SILVER CITY, NM 88062 (575)534-6348/FAX (575)534-6381



Pursuant to the Town's Code, Section 10-46, certain businesses intending to locate in Silver City must apply for and obtain a license from the Town Clerk or designate. The information requested herein must be fully answered to the best ability of the applicant. This permit is valid for the calendar year, except that the proration of fees provided for in Section 10-57 shall apply.

PLEASE USE BLACK PEN ONLY

BUSINESS INFORMATION:

Business Name: _____ **Owner's Social Security Number** _____

NM CRS #: _____ **Federal ID #:** _____

____ **New business** ____ **Relocation of existing business** ____ **Home business** **Other** _____

Give a brief description of the business: _____

BUSINESS OWNER INFORMATION:

Name: _____ **Title:** _____

Mailing address: _____

Phone: _____ **Alternate phone:** _____ **Email:** _____

Have you ever been convicted of any misdemeanor or felony within the last 5 years? **Yes** ____ **No** ____

If Yes, give dates and reference numbers _____

BUSINESS LOCATION(S): (Please list all locations where business may be conducted.)

Street address: _____

Zoning (please circle one): **Rural** **Residential A** **Residential B** **Residential C** **Commercial** **Industrial**

Site Plan Required ____ **Yes** ____ **No** **Please attach a site plan showing dimensions of property boundaries, footprint of all structures within the boundaries, setback distances, and parking and stacking spaces.**

Proprietary interest in property (owner, renter, other): _____

PROPERTY OWNER INFORMATION:

IF APPLICANT IS NOT THE PROPERTY OWNER, AN AUTHORIZATION LETTER FROM THE PROPERTY OWNER IS REQUIRED

Name _____ **Phone:** _____

Mailing Address _____

ALL APPLICANTS MUST SIGN HERE

As the Applicant, I state that the information provided in this application and all attachments is true and accurate to the best of my knowledge. I also certify that I hold all necessary licenses to perform the business for which I am hereby requesting licensure. I understand that misrepresentation is grounds for revocation of said business registration. I understand that I must comply with all Town Ordinances, laws and regulations while conducting business within the Town of Silver City.

Applicant Signature _____ **Print Name** _____

Date _____

THIS APPLICATION IS ONLY FOR GAS STATIONS, PAWN SHOPS, CARNIVALS, CIRCUSES, WHOLESALE DEALERS, AUCTIONEERS, RECYCLERS AND SECOND-HAND DEALERS

FOR STAFF USE ONLY

HOME BUSINESS

____ Zoning [Table 3.2 and Section 3.3.1]
____ Parking [Table 5.9.2]
____ Signs/Sign Permit [5.15]
____ Applicant provided with copy of Section 3.3.2(F), home business regulations

NEW or RELOCATED BUSINESS

____ Zoning ____ Site Plan
____ Signs/Sign Permit [Section 5.15]
____ Parking [Table 5.9.2] Required spaces _____ Number provided _____
____ Stacking Required spaces _____ Number provided _____

\$25.00 Fire Inspection Fee Required ____ Yes ____ No Other Fees: _____
Safety Inspection ____ Yes ____ No (Required for all commercial businesses and home day care businesses)
Inspected On: _____
All safety requirements met _____ (Fire Inspector's Signature)

New building---Approved Building Permit (Permit # _____)
Building Inspector _____ Planning Dept. _____
Utilities Dept. _____ Chief of Police _____

Bond received Bond approved by Town Council

PAYMENT INFORMATION:

Fee: \$ _____ cash/ck.# _____ Paid (Date): _____ Receipt #: _____

APPROVED:

Yes _____ Town Clerk Designee _____ Date _____

No _____ Reasons _____

Additional Water Service Fee Applicable – Yes _____ Amount _____