BUSINESS REGISTRATION APPLICATION # BR_____
COMMUNITY DEVELOPMENT DEPARTMENT
PO BOX 1188/1203 N. HUDSON
SILVER CITY, NM 88062 (575)534-6348/FAX (575)534-6381

DATE STAMP

The purpose of this permit is to register a new business, a relocated business or a home business. The annual fee for the business registration is $35.00. In addition, a $25.00 fee may be charged for safety inspection.

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:_____

Initial application? ____Yes ____No 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.

BUSINESS OWNER INFORMATION:

Name:_____ Title:_____

Mailing address:_____

Phone:_____ Alternate phone:_____ Fax:_____

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

Zoning:_____

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

Total area:_____ acres or sq. ft Property code: 3-_____-_____-_____-_____

(The property code # can be obtained from the County Assessor's Office or from the tax bill)

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 registration. I understand that misrepresentation is grounds for revocation of said business registration. I authorize a site visit by Code Enforcement to verify the terms of a Home Business Permit. 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_____

Last printed 5/12/2015 11:38:00 AM

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

Utilities Dept.: _____

Chief of Police: _____

Planning Dept.:_____

NEW/RELOCATED BUSINESS

____New building---Approved Building Permit (Permit # _____)

____Signs/Sign Permit [Section 5.15]

____Zoning ____Site Plan

____Parking [Table 5.9.2] Required spaces_____ Number provided_____

____Stacking Required spaces_____ Number provided_____

$25.00 Inspection Fee Required _____Yes _____ No

Safety Inspection _____Yes _____ No (Required for all commercial businesses and home day care businesses)

Inspected On: _____

All safety requirements met _____ (Fire Inspector's Signature)

PAYMENT INFORMATION:

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

Home Business Criteria:

□The requested permit is in compliance with Section 3.3.2 (F).

□The home business complies with all requirements of the Land Use Code.

□The permit is requested by, and shall be issued to, the resident of the dwelling unit in which the home business is to be conducted. If the resident rents the dwelling unit, the resident shall provide written permission from the dwelling unit's owner as part of the permit application.

APPROVED:

Yes_____ Town Clerk Designee_____ Date _____

No _____ Reasons _____