



**SHORT TERM RENTAL
APPLICATION # STR _____
COMMUNITY DEVELOPMENT DEPARTMENT
1203 N. HUDSON STREET, 2ND FLOOR/PO BOX 1188
SILVER CITY, NM 88062 (575)534-6348/FAX (575)534-6381**

**DATE
STAMP**

Pursuant to the Town Ordinance, Section 10-20 businesses intending to locate in Silver City, or conduct business within Town limits, must apply for and obtain a Business License. The fee is \$35 annually unless it is a business requiring a varied fee as indicated in Town Ordinance, Section 10-23. The information requested herein must be fully answered to the best ability of the applicant.

PLEASE USE BLACK PEN ONLY

BUSINESS INFORMATION:

Business Name: _____

NM CRS #: _____ Federal ID#: _____

BUSINESS OWNER INFORMATION:

Name: _____ Title: _____

Mailing address: _____

Phone: _____ Alternate phone: _____ Email: _____

____ copy of current government photo identification ____ copy of non-profit status (501)(C3)

BUSINESS LOCATION(S): (Town Ordinance, Section 10-55 requires a separate business application and fee for each fixed business location conducted by the same person.)

Street address: _____

Site Plan Required Please attach a site plan showing dimensions of property boundaries, footprint of all structures within the boundaries, setback distances, and parking.

PROPERTY OWNER INFORMATION:

IF APPLICANT IS NOT THE PROPERTY OWNER, A COMPLETED AUTHORIZATION FORM or COPY OF THE LEASE IS REQUIRED FROM THE PROPERTY OWNER

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 possess all necessary and current licenses to perform the business for which I am hereby requesting Town licensure. I understand that misrepresentation is grounds for revocation of said business license. I understand that I must comply with all Town Ordinances, laws, regulations and other agency laws while conducting business within the Town of Silver City.

Applicant Signature _____

Print Name _____

Date _____

FOR STAFF USE ONLY

____ Zoning [Table 3.2 and Section 3.3.1]

____ Parking [Table 5.9.2] required spaces _____ Number provided _____

Will there be 10 or more occupants at one time or are there 5 rooms or more? If so, International Fire Codes apply.

PAYMENT INFORMATION:

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

APPROVED:

Yes _____ Town Clerk/ Designee _____ Date _____

Comments: _____

Denied _____ Reasons _____

Signature _____ Date _____

Received copy of Ordinance No. 1276

Received Emergency Contact List

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____

(FOR STAFF USE ONLY)

REVOCATION PROCESS START DATE: _____

BY: _____

BUSINESS PROPRIETOR CERTIFIED NOTICE MAIL DATE: _____

REFERRED TO TOWN MANAGER ON: _____

REVOCATED _____ **YES** _____ **NO** _____

(Town Manager Signature and Date)