



2020 BUSINESS REGISTRATION/LICENSE APPLICATION

P.O. Box 130 - 201 Broadway St. (S) - Moriarty, NM 87035
Phone: (505) 832-4406
cityofmoriarty.gov

THANK YOU FOR DOING BUSINESS IN MORIARTY!

CHECK IF APPLICABLE	
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	New Application
<input type="checkbox"/>	Business Out of City
<input type="checkbox"/>	Change of: Owner / Address / Name / Activity

It is the business owner's responsibility to notify the City of Moriarty, immediately, if there are any changes to the business entity, which differs from the information provided on this application. The business registration fee is paid for the calendar year, January 1st through December 31st. Please note that once filed, this form constitutes registration and the information contained in the filed form is considered public, and available on the City's website.

BUSINESS INFORMATION (please type of print clearly):

Business Name/DBA: _____

Corporation Name: _____

Physical Location: _____

Mailing Address: _____
Address City State Zip

Phone: _____ Fax: _____

Business Start Date: _____ E-Mail: _____

OFFICE USE ONLY	
LIC#	_____
TYPE:	_____
ZONE:	_____
CUP:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Denied
EXPIRATION:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature: _____	
MFD	
INSPECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature: _____	
FOOD ESTABLISHMENT	
NMED PERMIT COPY PROVIDED <input type="checkbox"/>	

New Mexico TAX ID# (required):

PLEASE DESCRIBE TYPE OF BUSINESS

RETAIL: _____

MFG: _____

SERVICES: _____

WHOLESALE: _____

HOME BASED BUSINESS: _____

OTHER (SPECIFY): _____

Ownership Type:

Sole Proprietor Partnership LTD. Partnership Corporation LLC

Owner Name: _____ Address: _____
Phone: _____ Address State Zip

(Please attach a list of Owners, Partners, Corporate Officers or Shareholders, and their addresses)

Business Owner Declaration

I declare, under penalty of perjury, that the statements and information contained in the is application are true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances, and regulations pertaining to the operations of such business. Furthermore, I agree to notify the City of Moriarty within ten (10) days of my change of the facts stated herein.

Signature: _____
Business Owner/Agent Date: Printed Name

BY ACCEPTING THIS APPLICATION, THE CITY DOES NOT GUARANTEE APPROVAL OF THE APPLICATION PRIOR TO ESTABLISHING YOUR BUSINESS, IT IS MANDATORY THAT YOU CONFIRM THE ZONING REQUIREMENTS AND COMPLIANCE WITH FIRE CODE REQUIREMENTS FOR THE PROPERTY ON WHICH YOU PLAN TO OPERATE. NON CONFORMING USES WILL NOT BE ALLOWED TO CONTINUE WITH NEW OWNERSHIP.

Date Paid:	_____	Rec.#:	_____	<input type="checkbox"/> Entered into Database	<input type="checkbox"/> Certificate Issued	_____
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