



2017 NEW or RENEWAL OF BUSINESS PERMIT APPLICATION
VILLAGE OF LOS RANCHOS

www.losranchosnm.gov

6718 Rio Grande Blvd NW

Los Ranchos, NM 87107

Phone: 505-344-6582

ANNUAL FEE: \$35.00

Renewals are due December 31st

LATE FEE: \$10.00

Name of Business:		Owner:	
Business Website:		Facebook:	
Email:			
Business Address:		Los Ranchos, NM	87107
			87114
Phone Number:		Cell:	
Mailing Address (if different from business address):			
Emergency Contact Number:		Contact Name:	

TYPE OF BUSINESS (check all that apply)	STATE GROSS RECEIPTS INFORMATION
<input type="checkbox"/> Acupuncturist	Business name as it appears on CRS certificate
<input type="checkbox"/> Cosmetology-Barber	CRS#
<input type="checkbox"/> Construction	
<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Massage Therapy	Zipcode Registered Under:
<input type="checkbox"/> Professional Office	Last 4 numbers of FEIN or SSN:
<input type="checkbox"/> Restaurant	FOR OFFICIAL USE ONLY
<input type="checkbox"/> Retail	Year: <u>2017</u>
<input type="checkbox"/> Service	Registration: _____
<input type="checkbox"/> Other (specify)	Registration Date: _____
<input type="checkbox"/> Individual	Receipt No: _____
<input type="checkbox"/> Partnership	Check No.: _____
<input type="checkbox"/> Corporation (NMSCC No.)	Staff Name: _____
<input type="checkbox"/> LLC (NMSCC No.)	
FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Application	<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Sign Permit Ordinance
	<input type="checkbox"/> Copy of License
	<input type="checkbox"/> Copy of Food Permit
	<input type="checkbox"/> Fire Inspection

I certify, that to my knowledge, this is a true and accurate application.

Print Name: _____

Signature: _____

Date: _____