Calendar Year 2024

TOWN OF BERNALILLO

Phone: 505-771-7118

Business Registration Application

Due by **JANUARY 31st** of each Calendar Year

!!!Please Print or Type!!!

1. NAME OF BUSINESS:_____ Phone: _____

a) Mailing Address: _____

City:_____State:_____ Zip: _____

b) Location of Business: _____

(***Physical*** **Street Address Only, No P.O. Boxes**)

2. NAME OF APPLICANT:_____ Phone: _____

a) Mailing Address: _____

City:_____State:_____ Zip:

3. NEW MEXICO CRS I.D. NUMBER: 0 __ - __ __ __ __ __ __ - 0 0 - __

ALL BUSINESSES MUST PROVIDE A CURRENT COPY OF THE CRS TAX ACCOUNT STATUS FORM PROVIDED BY THE NEW MEXICO TAXATION AND REVENUE DEPARTMENT.

4. **LAST 4 DIGITS OF FEIN OR SS#**_____

5. **NATURE OF BUSINESS:** _____

a) Number of Employees at this location:_____

b) Ownership Type: ___ Individual ___Partnership ___Corporation ___LLC

c) Registration Type: _____New Business **OR** _____Renewed Business

COPIES OF ALL REQUIRED LICENSURES MUST BE ATTACHED TO THIS APPLICATION I.E.…BARBER, FOOD SERVICE

SIGNATURE: _____**DATE:** _____

PLEASE PRINT NAME: _____

E-MAIL ADDRESS: _____

Attention: If the business operates in multiple jurisdictions, use GRT Location Code 29-120 for the Town of Bernalillo.

FOR OFFICE USE ONLY (within this box)

$_____ **$35.00** Business Registration Fee is payable to the Town of Bernalillo with application
The Business Registration Fee cannot be prorated for a partial year.

$_____ **$10.00** Late Fee is due if renewal is after **JANUARY 31St** of each calendar year.

$_____ **Amount Received**

Receipt Number #_____ **Business License #** _____

Payment Received By & Date: _____ Date Received _____

Zoning Approved By: _____ Zoning: _____ License Approval By_____

Town of Bernalillo

"The City of Coronado"

Mayor
Jack Torres

Council
Vincent Montoya
Dale R. Prairie
Sharon Torres-Quintana
Phillip Valverde

Business License Checklist

ALL THE FOLLOWING COMPONENTS ARE NEEDED TO COMPLETE BUSINESS LICENSE APPLICATION WITHIN 7-10 BUSINESS DAYS.

- ☐ **Completed in full Business License Application** (ordinance #165)
  - *$35 fee for calendar year, January – December*
  - *$45 for late renewals (after January 31st)*

- ☐ **Tax Account Status Document** with a status of **"In Compliance"** (ordinance #260)
  - *Directions for accessing this information can be found on the next page*

- ☐ **State Licenses** or Health Department Permits, if applicable:
  - Examples include:
    - Auto Mechanic License
    - Barbers License
    - Construction License
    - Doctoral License
    - Electrician License
    - Etc.

Payment of the Business License Application fee can be submitted in cash, check, money order or credit card (Visa, MasterCard, Discover), however processing does not take place until the very end of the license application process. **If paying with a credit card, after submittal, the P&Z Clerk will contact you for payment.**

Make checks or money orders payable to: **Town of Bernalillo**

If any documents are missing, this may delay the application process.

Business Licenses will be mailed to the business mailing address on file. For new businesses, applications are available on-line at www.tobnm.gov or may be picked up at Town Hall.

Attention: If the business operates in multiple jurisdictions, use GRT Location Code 29-120 for the Town of Bernalillo.

Instructions on Obtaining Tax Account Status Form



Businesses

Manage items for my business.

- Apply for a New Mexico Business Tax ID
- Check New Mexico Business Tax ID Status
- View Business Location Rates
- Update My Employer ID
- Learn More About Registering Your Business

You will need to enter the following information:

- ☐ *CRS ID Number*
- ☐ *5-Digit Zip Code*
- ☐ *Last 4 digits of FEIN or SSN or ITIN*

Go to the following website:

https://tap.state.nm.us/tap

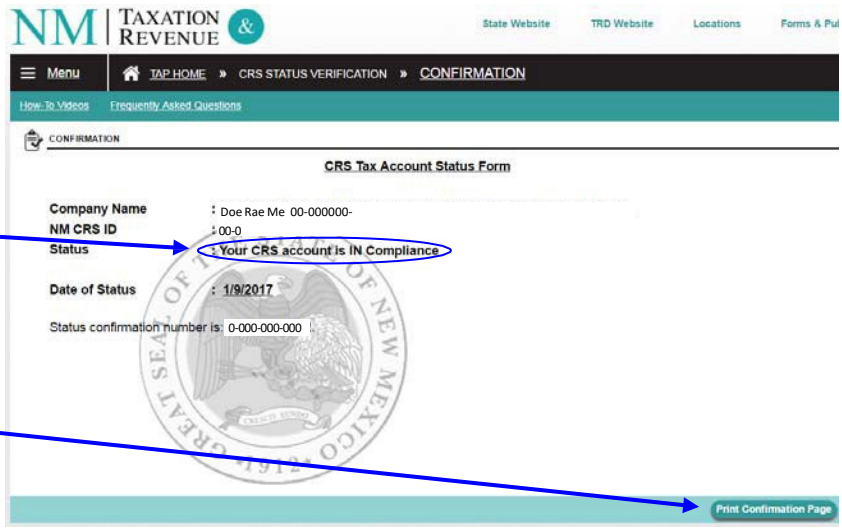
Click on "**CHECK NEW MEXICO BUSINESS TAX ID CRS STATUS**" under Businesses

Fill in required information on **next page**

Press *Next*
Press *Submit*

The following page will be **CRS Tax Account Status Form** with the following information:

- Company Name
- NM CRS ID
- Status - MUST HAVE A STATUS OF "**IN COMPLIANCE**"
- Date of Status
- Status confirmation number



Click on
"**PRINT CONFIRMATION PAGE**"

Printed copy of CRS Tax Account Status Form must be attached to Business License Application

P.O. Box 638 829 Camino del Pueblo Bernalillo, NM 87004 (505) 867-3311 *FAX (505) 867-3990

Sandoval County Questionnaire

The following information has been requested by the Sandoval County Business Development Office. They are requesting this information to better track the growth and business type that is present in the county. For more information, please contact the Sandoval County Business Development Office at (505)867-8687.

1. Is this business:
   a. _☐_ New b. _☐_ Change of Location c. _☐_ Home Based

2. Does your business derive over 51% of its income from outside the state of New Mexico?
   a. _☐_ Yes b. _☐_ No

3. Please describe your business:

   _____

   _____

   _____

   _____

   _____

   _____

4. NAICS Code Number (see list below): _____
   (please visit *census.gov/eos/www/naics* for more information)

11	Agriculture, Forestry, Fishing, & Hunting
21	Mining, Quarrying, & Oil/Gas Extraction
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale Trade
44-45	Retail Trade
48-49	Transportation & Warehousing
51	Information
52	Finance & Insurance

53	Real Estate, Rental, & Leasing
54	Profession, Scientific, & Technical Services
55	Management of Companies & Enterprises
56	Administrative, Support, Waste Management, & Remediation Services
61	Educational Services
62	Health Care & Social Assistance
71	Arts, Entertainment, & Recreation
72	Accommodation & Food Services
81	Other Services (except Public Administration)
92	Public Administration

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NOTICE OF BUSINESS CLOSURE

Type or print clearly: Incomplete forms will not be processed

I, _____, the ☐ owner ☐ officer ☐ authorized party*
Name

of _____ for _____
Business/Corporation Name Facility Name

located at _____
Address City State Zip Code

request the deletion of the Bernalillo Business License #_____.

This business has:

☐ Closed as of: _____
Date

☐ Relocated to: _____
New Address City State Zip

☐ Sold to: _____
New Owners Name New Owners Phone Number

_____ _____
Signed Title

_____ _____
Phone Email

_____
Date

Turn in completed forms to the Planning & Zoning Department
by Drop Off: 829 Camino del Pueblo ~ Mail: PO Box 638 Bernalillo, NM 87004
Email: bizreg@tobnm.gov

*PLEASE NOTE: An individual acting on behalf of the company as an authorized party must provide a letter of authorization on company letterhead or a notarized letter signed by an owner/officer at the time of submission of this notice.

Town of Bernalillo
Comprehensive Zoning Ordinance (Ord. No. 310)
Checklist for Home Occupations

R-R (Rural Residential), R-1 (Single-Family Residential), R-lA (Mixed Single-Family Residential) and R-2 (Multiple-Family Residential)

Applicant Name: _____
Applicant Address: _____
Phone Number(s): _____ Email: _____

Please respond to the following:

1. Describe in detail the home occupation and associated activities:
   _____
   _____
   _____
2. What will the hours of operation be for the home occupation (days of the week and times)?
   _____
3. What is the size of the home (square feet)? _____
4. What is the size of the area to be utilized for the business activity? _____
5. Is the home occupation clearly a secondary use of the dwelling? _____ YES _____ NO
6. What family member(s) living at the residence are employed in the home occupation?
   _____
7. What is the physical inventory related to the home occupation? _____
   _____
8. Will there be signage for the home occupation? _____ If so, type and size? _____
   _____

ACKNOWLEDGEMENT: I, _____ (printed name) certify that the information I have submitted for the home occupation is true and correct. I understand that a site visit may be conducted and if approved, the business license and Conditional Use Permit (if required) is valid for one year from the date of issuance. I understand that I must complete a checklist annually and that I may be required to request a Conditional Use Permit from the Planning and Zoning Commission if the activities of the home occupation have changed.

Applicant Signature: _____ Date: _____

FOR PLANNING AND ZONING DEPARTMENT USE ONLY

Property Zoning: _____

Home Occupation is: _____ APPROVED based on compliance with Ord. 310, Sec. 18 (**ATTACHED**).

_____ DENIED Reason: ____ CUP Required ____ Use not allowed in zone Other: _____

P&Z Staff Signature: _____ Date: _____

Town of Bernalillo

Zoning Code (Ord. 310) - Home Occupation Regulations in the R-R, R-1, R-1A and R-2 Zones

SECTION 18. HOME OCCUPATIONS.

A. Permissive Use: Home occupations that do not generate noticeable external impacts. This typeof home occupation is allowed to occur if:

1. The business has a current business registration.

2. The business is clearly incidental and secondary to the use of the premises for a dwelling. There shall be no exterior display (including signage), no exterior storage of materials, no nuisances emitted from the premises and no other exterior indication of the home occupation or variation from the residential character of the main building.

3. The home occupation shall not be open to the public (clients, customers, patients, patrons, or similar individuals or groups).

4. Only members of the residing family are employed.

5. Not more than 25 percent of the floor area is devoted to the home occupation, nor more than 600 square feet of accessory building.

6. There shall be no signage associated with the home occupation.

B. Conditional Use: Home occupations such as massage therapy or counseling services, where clients will visit the property and limited signage and up to one employee may be necessary for the business. Businesses exceeding these limits need to relocate the activity to a commercially zoned property or secure a Special Use Permit to operate from the site is required. The following limitations have been established for home occupations requiring conditional use approval to ensure that the “business component” taking place on the site remains less intense than the primary residential activities:

1. The business has a current business registration.

2. The business is clearly incidental and secondary to the use of the premises for a dwelling.

3. Not more than 25 percent of the floor area is devoted to the home occupation, nor more than 600 square feet of accessory building.

4. All clients must be on a by-appointment-only schedule.

5. Up to a single, additional employee to work on the site.

6. Signs: One sign, one square foot maximum area.