

**MAIL APPLICATIONS TO:**

*Town of Edgewood*

*PO Box 3610*

*Edgewood, NM 87015*

**TOWN OF EDGEWOOD  
BUSINESS LICENSE REGISTRATION**

Telephone (505) 286-4518

Fax (505) 926-9061

Registration & Renewal Fee: \$25.00

FOR OFFICIAL USE, ONLY:

REC'D BY: \_\_\_\_\_

AMT. PAID \$ \_\_\_\_\_

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK

DATE \_\_\_\_\_

PAID \_\_\_\_\_

**PLEASE CHECK REGISTRATION & BUSINESS TYPE:**

**REGISTRATION:** NEW BUSINESS  RENEWAL  UPDATE OR CHANGE

**BUSINESS TYPE:** HOME BUSINESS  COMMERCIAL BUSINESS  SERVICES ONLY

NON-PROFIT (MUST PROVIDE COPY OF IRS 501-C3)  VENDOR

**CERTIFICATE PICK UP:** MAILED  PICK UP AT TOWN OFFICE

**BUSINESS LICENSES GOOD FOR 1 CALENDAR YEAR. LATE RENEWAL FEE OF \$10.00. ALL PLACES OF BUSINESS SUBJECT TO INSPECTION.**

**PLEASE PRINT OR TYPE ALL INFORMATION, THE APPLICATION WILL BE RETURNED IF NOT LEGIBLE OR COMPLETED.**

OPERATING AS BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER BUSINESS NAME: \_\_\_\_\_

FORM OF BUSINESS: SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_ CORPORATION \_\_\_\_\_

SPECIFIC DAYS OF OPERATION (WITHIN 7 DAY WEEK): \_\_\_\_\_ SPECIFIC HOURS OF OPERATION (WITHIN 24 HOUR DAY) \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF BUSINESS (BE SPECIFIC): \_\_\_\_\_

EQUIPMENT USED: \_\_\_\_\_ KEPT ON SITE: YES \_\_\_ NO \_\_\_ SECURED: \_\_\_\_\_

CHEMICALS USED: \_\_\_\_\_

NM STATE TAX ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ NM STATE LICENSE # \_\_\_\_\_ Expires: \_\_\_\_\_

*(SUBMIT COPY WITH APP)* (CRS tax id can be obtained online at: [www.tax.newmexico.gov/Businesses](http://www.tax.newmexico.gov/Businesses) or

(if profession requires)

Taxation and Revenue New Mexico 1100 South St. Francis Drive, Santa Fe, NM 87504

Proof of CRS Compliance.

EMAIL: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

**I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return completed form, attachments and check or money order to address indicated at the top of this form (BEFORE inspections are complete). After the business, has been inspected and approved, the registration and license will be issued.

**IF YOU WOULD LIKE TO BE ON OUR BUSINESS LINKS INDEX ON OUR WEBSITE, PLEASE INCLUDE A URL ADDRESS AND/OR PHONE NUMBER:** \_\_\_\_\_

**OFFICIAL USE ONLY: NOTE:** The following departments will inspect the business location prior to the license being issued for a new business, owner or location change:

Planning and Zoning \_\_\_\_\_

Fire Inspections: \_\_\_\_\_

Building Inspections: \_\_\_\_\_

Wastewater: \_\_\_\_\_

Environmental: \_\_\_\_\_