

Village of Bosque Farms
P.O. Box 660
Peralta NM, 87042
(505) 869-2358



Michael Angelo Limon
Clerk/Administrator
clerkadmin@bosquefarmsnm.gov
Fermin Otero
Code Enforcement

VILLAGE OF BOSQUE FARMS BUSINESS LICENSE APPLICATION

INITIAL APPLICATION

Applications must include copies of your state of New Mexico taxation and revenue department registration certificate and any state license issued for your business. Incomplete applications will not be processed.

BUSINESS NAME AND INFORMATION

Business Name _____ (dba) _____

Business Location _____

Mailing Address (if different from above) _____

Business phone _____ Business email _____

NM State Tax ID# (required) _____ Board/License # _____

Business Start Date (Start Date in Bosque Farms) _____

OWNER INFORMATION

Business Owner(s) _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Proprietorship/Sole Ownership ☐ Corporation ☐ LLC ☐

Partnership ☐ Not for Profit ☐ Other ☐

APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Applicant(s) _____ Phone _____

Address _____ City _____ State _____ Zip _____

BUSINESS ACTIVITIES

DESCRIPTION OF SERVICES PROVIDED _____

Is this activity new for this location? Yes ☐ No ☐

If yes what was the previous use? _____

Will there be any reconstruction or improvements made to the building? Yes ☐ No ☐

If yes, other permits may be required.

Are there any existing signs on the premises of your building? Yes ☐ No ☐

Do you intend to repair any existing signs or install any new ones? Yes ☐ No ☐

If yes, other permits may be required.

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Business activities continued

Are there any vending machines in your establishment? Yes ☐ No ☐

Please Note: You are required to have registration sticker on each vending machine.

Will your business be run out of your home? Yes ☐ No ☐

If yes, you will need to complete a Home Occupation Registration Application in addition to this application and may need to go before the Commission prior to approval.

SIGNATURES(S) OF AUTHORIZED APPLICANTS(S)

I understand that my signature below indicates that all information contained on this application is true and complete.

Printed Name _____

Signature _____

Date _____

THE FOLLOWING ITEMS MUST BE SUBMITTED ☐

COMPLETE BUSINESS REGISTRATION APPLICATION ☐

NM CRS CERTIFICATE ☐

FIRE OCCUPANCY PERMIT (if required) ☐

HOME OCCUPATION APPLICATION (if applicable) ☐

NM STATE LICENSE (if applicable) ☐

ESTABLISHMENT LICENSE (if applicable) ☐

FOOD ESTABLISHMENT PERMIT (if applicable) ☐

** OFFICE USE ONLY**

PERMIT #: _____ RECEIVED DATE: _____ APPLICATION FEE: _____

ZONE: _____

APPROVAL/DISAPPROVAL BY: _____

SIGNATURE: _____

BUSINESS REGISTRATION FEE: _____ \$ \$35.00

LATE FEE: _____ (AFTER MARCH 16) \$ _____

TOTAL FEE \$ _____