



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 licenses 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 the previous use? _____

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

If yes, other permits may be required.

For cashiers use only

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.



Village of Bosque Farms
Po box 660
Peralta, NM 87042



Mike Montoya
505-252-7222
pzadmin@bosquefarmsnm.gov

VILLAGE OF BOSQUE FARMS BUSINESS LICENSE APPLICATION

- 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 | <input type="checkbox"/> |
| COMPLETE BUSINESS REGISTRATION APPLICATION | <input type="checkbox"/> |
| NM CRS CERTIFICATE | <input type="checkbox"/> |
| FIRE OCCUPANCY PERMIT (if required) | <input type="checkbox"/> |
| HOME OCCUPATION APPLICATION (if applicable) | <input type="checkbox"/> |
| NM STATE LICENSE (if applicable) | <input type="checkbox"/> |
| ESTABLISHMENT LICENSE (if applicable) | <input type="checkbox"/> |
| FOOD ESTABLISHMENT PERMIT (if applicable) | <input type="checkbox"/> |

**** 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 \$ _____