

CITY OF RUIDOSO DOWNS
BUSINESS REGISTRATION AND LICENSE APPLICATION
P.O. BOX 348, RUIDOSO DOWNS, NM 88346
PHONE: 575-378-4422 FAX: 575-378-4586

BUSINESS REGISTRATION FEES AND BUSINESS LICENSE FEES VARY. BUSINESS REGISTRATION FEES ARE NOT PRORATED AND ARE NOT TRANSFERABLE.

BUSINESS REGISTRATIONS ARE DUE JANUARY 1 AND BECOME DELINQUENT ON MARCH 16. APPLICATION FOR BUSINESS REGISTRATION MUST BE MADE TEN (10) DAYS PRIOR TO THE OPENING OF BUSINESS.

A BUSINESS REGISTRATION FEE OF \$35.00 IS IMPOSED PURSUANT TO ORDINANCE 8-1-1. A BUSINESS LICENSE FEE OF \$100.00 IS IMPOSED ON SEASONAL BUSINESSES AND A BUSINESS LICENSE FEE OF \$500.00 FOR THE FIRST DAY AND \$300.00 EACH DAY THEREAFTER IS IMPOSED ON A TEMPORARY BUSINESS PURSUANT TO ORDINANCE 8-1-10. A PHOSPHORUS PERMIT FEE OF \$25.00 PER YEAR PURSUANT TO PHOSPHORUS ORDINANCE 11-1-3B IS IMPOSED IF APPLICABLE.

YEAR AROUND _____ TEMPORARY _____ SEASONAL _____ PHOSPHORUS _____
(LESS THAN 72 HOURS) (MORE THAN 72 HOURS LESS THAN SIX CONSECUTIVE MONTHS)

NEW BUSINESS REGISTRATION _____ RENEWAL _____

NAME OF BUSINESS _____

STREET ADDRESS OF BUSINESS _____
(LOCATIONS WILL BE INSPECTED - SEE PAGE 2)

MAILING ADDRESS OF BUSINESS _____

DESCRIBE IN DETAIL NATURE OF BUSINESS _____

PHONE NUMBER OF BUSINESS _____ CELL NO. _____

APPLICANT IS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

IF INDIVIDUAL - NAME AND ADDRESS OF OWNER _____

IF PARTNERSHIP - NAME AND ADDRESS OF PARTNERS _____

IF CORPORATION - ATTACH NAME AND ADDRESS OF OFFICERS

NEW MEXICO GROSS RECEIPTS TAX ID NO. _____

NEW MEXICO STATE LICENSES REQUIRED (PLEASE LIST AND ATTACH COPIES)

THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THEIR BUSINESS COMPLIES WITH ALL RELEVANT FEDERAL, STATE AND LOCAL REGULATIONS, ISSUANCE OF A BUSINESS REGISTRATION OR LICENSE DOES NOT IMPLY THAT ALL SUCH REQUIREMENTS HAVE BEEN MET. APPLICANT HEREBY AFFIRMS THAT THE STATEMENTS AND INFORMATION ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

SIGNATURE OF APPLICANT: _____

TITLE: _____ DATE: _____

AMOUNT DUE: _____ AMOUNT RECEIVED: _____ DATE RECEIVED _____

CLERK/TREASURER

=====

FOR INSPECTORS ONLY

INSPECTIONS MUST BE DONE PRIOR TO REGISTRATION OR LICENSE BEING ISSUED

DESCRIPTION OF BUILDING:

TYPE OF CONSTRUCTION _____ ZONED _____

SQUARE FOOTAGE OCCUPIED _____ TEMPORARY OR PERMANENT _____

NUMBER OF EMPLOYEES _____ BATHROOM(S) AVAILABLE _____

NUMBER OF FIRE EXITS _____ SPRINKLER SYSTEM _____

NUMBER & TYPE OF FIRE EXTINGUISHERS AVAILABLE _____

NUMBER PARKING SPACES _____ HANDICAPPED PARKING _____

UTILITIES: WATER _____ SEWER _____

LOCATION HAS BEEN INSPECTED AND APPROVED BY:

ZONING CODE INSPECTOR _____ DATE _____ PHONE NO. _____

CODE INSPECTOR _____ DATE _____ PHONE NO. _____

FIRE CODE INSPECTOR _____ DATE _____ PHONE NO. _____

ENVIRONMENT DEPT. _____ DATE _____ PHONE NO. _____

(FOOD AND BEVERAGE ESTABLISHMENTS)

INSPECTOR COMMENTS

ZONING CODE INSPECTOR _____

CODE INSPECTOR _____

FIRE CODE INSPECTOR _____

ENVIRONMENT DEPARTMENT _____

(FOOD AND BEVERAGE ESTABLISHMENTS)