

**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

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**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)