



# 2024 BUSINESS REGISTRATION/LICENSE

## APPLICATION

P.O. Box 130 - 201 Broadway St. (S) - Moriarty, NM 87035

Phone: (505) 832-4406

[cityofmoriarty.gov](http://cityofmoriarty.gov)

THANK YOU FOR DOING BUSINESS IN MORIARTY!

### CHECK IF APPLICABLE

- Renewal
- New Application
- Business Out of City
- Change of: Owner / Address / Name /

It is the business owner's responsibility to notify the City of Moriarty, immediately, if there are any changes to the business entity, which differs from the information provided on this application. The business registration fee is paid for the calendar year, January 1st through December 31st. Please note that once filed, this form constitutes registration and the information contained in the filed form is considered public, and available on the City's website.

### BUSINESS INFORMATION (please type of print clearly):

Business Name/DBA: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Start Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

New Mexico TAX ID# (required): \_\_\_\_\_  
 PLEASE DESCRIBE TYPE OF BUSINESS

- RETAIL: \_\_\_\_\_
- MFG: \_\_\_\_\_
- SERVICES: \_\_\_\_\_
- WHOLESALE: \_\_\_\_\_
- HOME BASED BUSINESS: \_\_\_\_\_
- OTHER (SPECIFY): \_\_\_\_\_

### Ownership Type:

- Sole Proprietor
- Partnership
- LTD. Partnership
- Corporation
- LLC

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address State Zip

(Please attach a list of Owners, Partners, Corporate Officers or Shareholders, and their addresses)

### Business Owner Declaration

I declare, under penalty of perjury, that the statements and information contained in the is application are true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances, and regulations pertaining to the operations of such business. Furthermore, I agree to notify the City of Moriarty within ten (10) days of my change of the facts stated herein.

Signature: \_\_\_\_\_  
Business Owner/Agent Date: Printed Name

BY ACCEPTING THIS APPLICATION, THE CITY DOES NOT GUARANTEE APPROVAL OF THE APPLICATION

PRIOR TO ESTABLISHING YOUR BUSINESS, IT IS MANDATORY THAT YOU CONFIRM THE ZONING REQUIREMENTS AND COMPLIANCE WITH FIRE CODE REQUIREMENTS FOR THE PROPERTY ON WHICH YOU PLAN TO OPERATE. NON CONFORMING USES WILL NOT BE ALLOWED TO CONTINUE WITH NEW OWNERSHIP.

Date Paid:	Rec.#:	<input type="checkbox"/> Entered into Database	<input type="checkbox"/> Certificate Issued
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**OFFICE USE ONLY**

LIC# \_\_\_\_\_

TYPE: \_\_\_\_\_

ZONE: \_\_\_\_\_

CUP:  Yes  No  
 Approved  Denied

EXPIRATION: \_\_\_\_\_  
 Approved  Denied

Signature: \_\_\_\_\_

**MFD**

INSPECTION  
 YES  NO  N/A  
 Approved  Denied

Signature: \_\_\_\_\_

**FOOD ESTABLISHMENT**

NMED PERMIT COPY PROVIDED