

**SAN MIGUEL COUNTY
Business Registration/License Application**

PLEASE PRINT CLEARLY

Date of Application: _____

Name of Owner: _____

Street Address: _____
City State Zip Code

Mailing Address: _____
Street/P.O. Box/Rural Route City State Zip Code

Phone No.: () _____ **Cell No.:** () _____

Business or Firms Name: _____

Mailing Address: _____
Street/P.O. Box/Rural Route City State Zip Code

Email Address: _____

Phone No.: () _____ **Cell No.:** () _____

Type of Business: _____

New Mexico Gross Receipts Tax Number (CRS ID): _____

PLEASE CHECK THE APPLICATION SECTION

_____ **This is an Annual Renewal**
_____ **This is a New Business. (Must present Tax ID Number Certificate)**

Disapproved _____ **Approved** _____

Planning & Zoning Division Date Applicant Signature Date

STAMP

**Return to:
Planning & Zoning Division
San Miguel County Administration Complex
500 West National Avenue, Suite 203
Las Vegas, New Mexico 87701**