



CITY OF PORTALES
Business Registration Office
1028 W Community Way
Portales, NM 88130

(575) 356-6662 Ex: 1025 or 575-356-8449 option 2

BUSINESS REGISTRATION APPLICATION

CITY ORDINANCE #582, SECTION 24, ARTICLE IV REQUIRES ALL BUSINESSES APPLY FOR AND OBTAIN A BUSINESS REGISTRATION PRIOR TO ENGAGING IN BUSINESS.

THE REQUESTED INFORMATION AND APPROVALS ARE REQUIRED TO PROMOTE THE GENERAL HEALTH AND WELFARE OF THE CITIZENS OF PORTALES AND TO PROPERLY ESTABLISH BILLING ARRANGEMENTS. NO APPLICATION WILL BE ACCEPTED UNTIL ALL THE INFORMATION AND APPROVALS ARE COMPLETED.

BUSINESS NAME: _____

NATURE OF BUSINESS: _____ **HOME ENTERPRISE:** YES NO

CONTRACTOR: YES, NO **NM CONTRACTOR'S LICENSE #:** _____

CURRENT BUSINESS LOCATION: _____
 _____ CITY STATE ZIP

MAILING ADDRESS: _____
 _____ CITY STATE ZIP

BUSINESS PHONE #: _____ **EMERGENCY PHONE #:** _____

EMAIL ADDRESS: _____

NM STATE TAXPAYER REGISTRATION/ID NO.: _____

TYPE OF OWNERSHIP: CORPORATION PARTNERSHIP SOLE OWNERSHIP/PROPRIATORSHIP

PLEASE COMPLETE THE FOLLOWING

OWNER NAME: _____ **HOME PHONE #:** _____

HOME ADDRESS: _____
 _____ CITY, STATE ZIP

SOCIAL SECURITY #: _____ **DRIVER LICENSE #:** _____

GOVERNMENTAL APPROVALS NEEDED (for New or Relocating Businesses)

For inspection appointments, please contact the following
 City of Portales Departments:
ZONING & INSPECTION: (575) 356-8449 opt 4
FIRE DEPARTMENT: 301 South Avenue C (575) 356-4406

Approval required for businesses dealing in food,
 grocery/convenience stores, restaurants, etc...
STATE OF NM ENVIRONMENT DEPT.: (575) 762-3728
 100 E Manana, Clovis, NM 88101

DEPARTMENT	INFORMATION NEEDED	PREAPPROVAL REQUESTS		DATE APPROVED	INSPECTOR'S SIGNATURE
		DATE	ACTION		
ZONING:	CLASS:		VARIANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
INSPECTION					
FIRE					
ENVIRON. DEPT.					
OTHER					

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Business Registration Fee is \$35.00, please make checks payable to: *THE CITY OF PORTALES*

(FOR OFFICE USE ONLY)

CASHIER'S INTL.:	AMOUNT PAID:	RECEIPT NUMBER:	DATE: