



Application for Business Registration

City of Rio Rancho - Office of the City Clerk
3200 Civic Center Circle NE, Suite 150, Rio Rancho, NM 87144
Phone: (505) 891-5004 • Fax: (505) 994 2557 • Email: clerk@rrnm.gov

Please fill out all the information on this form by typing, or using blue, or black ink. Return application to the City Clerk's Office in person, by email, fax or mail. Please contact us at (505) 891-5004 with any questions.

SECTION 1: Business Information

Type of Business: Commercial Home Occupation Non-Profit Out of City

Business Name: _____

Physical Address: _____
City/State Zip

Commercial Locations ONLY, Provide square footage of your location: _____

Mailing Address: _____
City/State Zip

Phone #: _____ Email: _____

SECTION 2 - Tax Information

NM CRS #/ Tax ID #: - -

Note: Social Security #'s or EIN #'s NOT allowed. MUST obtain a CRS # from the NM Taxation & Revenue Department.

Type of Ownership: _____
Corporation/LLC/Partnership/Sole Proprietor/Non-Profit/Etc.

Nature of Business: _____
Type of Service(s) being provided

NAICS Code: _____ [Search NAICS Codes at: https://www.naics.com/search/](https://www.naics.com/search/), or use list on Page 3

SECTION 3 - Owner/Co-Owner/CEO/President/Position Held

#1: _____
First Name Last Name Title/Position Held

Address: _____
City/State Zip

#2: _____
First Name Last Name Title/Position Held

Address: _____
City/State Zip

#3: _____
First Name Last Name Title/Position Held

Address: _____
City/State Zip

For additional Corporate personnel please attach names, title/position held, and addresses on a separate paper.

SECTION 4 - State or Federal Licensing Information

If your business requires one of the following Licenses/Permits, you MUST submit a copy with your application.

- NM Environment Department Food Permit
- Federal Environmental Protection Agency Permit(s)
- NM Contractor's License
- NM Medical/Pharmaceutical License(s)
- NM Cosmetology/ Barbers License
- NM Liquor License
- NM Real Estate/Broker License
- Well Drillers
- NM Veterinary Medicine
- Federal Firearms License
- Any other License(s)

_____ Copy Provided
License # _____ Expiration Date _____

SECTION 5 - Signature of Applicant

By signing this form, I attest that the information I have provided herein is true and accurate to the best of my knowledge. I certify that I am authorized to sign the same as an agent on behalf of the above stated business. I agree to pay all associated fees including: the annual business registration fee, fire inspection fees, and other permit fees as required by the City of Rio Rancho. I understand that I must file any changes to my business status, operations, and/or contact information with the City Clerk's office in a timely manner.

Printed Name: _____ Date: _____

Signature: _____
Owner, Partner, or Corporate Officer _____ Title/Position Held _____

SECTION 6 - OFFICE USE ONLY

Zoning: Approved Not Approved

Zoning Specialist Signature _____ Date _____ Current Zoning _____

Commercial Tracking # Issued: _____
Tracking # used for scheduling building inspection.

Fire Inspection: Approved Not Approved Non-Hazardous
 Hazardous

Rio Rancho Fire Marshal Signature _____ Date of Approval/Inspection _____

Building Inspection: Approved Not Approved

Building Inspector Signature _____ Date of Approval/Inspection _____

City Clerk:
Commercial Applications: Waste Water Survey Alarm Info.