



THE CITY OF VISION

Instructions for a Residential Care Facility

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

On behalf of the City of Rio Rancho, welcome and thank you for your interest in opening a business. The City Clerk's Office is excited about your plans of doing business and is committed to making the process as smooth as possible. This list of resources has been assembled to help you navigate through the registration process from start to finish. Additionally, our office is available to answer questions or provide additional information, so please contact us via phone, email or in-person.

Step-by-step instructions for obtaining a Residential Care Facility Business Registration:

Step 1 – Applications/Forms

Part 1: Obtaining an Administrative/Conditional Use Permit

- 1.) Residential Child Care Facility Check List and Supplemental Worksheet* (for child care)
Or
- 2.) Community Residential Care Facility Checklist** (for adult care)

**Child Care Licenses & Certifications can be obtained by CYFD Child Care Licensing Office. Contact at 505-827-7499 or 1-800-832-1321 or by email at cyfd-ecs-customerservice@state.nm.us.*

***Adult Care Licenses & Certifications can be obtained by visiting the NMDH Facility Licensing at: <https://www.nmhealth.org/about/dhi/hflc/>*

- A.) Questions about these forms should be directed to the Development Services Department at 505-891-5005 or by email: planning@rrnm.gov

Part 2: Residential Care Facility Business Registration

- 1) Residential Care Facility Business Registration Application***

****A valid NM State BTIN # is required for ALL businesses. (Section 2) If you do not already have a BTIN #, please obtain from NM Taxation & Revenue Department at: <https://tap.state.nm.us/tap/>.*

Step 2 – Where to Return Completed Forms

Once forms are filled out and signed****, return them to the City Clerk's Office as follows:

- **In-Person:** 3200 Civic Center Circle NE, Suite 150, Rio Rancho, NM 87144
- **Mailing Address:** Office of the City Clerk, 3200 Civic Center Circle NE, Suite 150, Rio Rancho, NM 87144
- **Fax Number:** 505-994-2557
- **Email Address:** clerk@rrnm.gov

*****A copy of required State or Federal licensure MUST be submitted with completed application (for applicable businesses).*

Step 3 – Review of Applications

Completed applications will be sent to the Development Services Zoning Department (DSD) for zoning designation approval. If further signatures are required, we will email you with instructions.

Otherwise, once approvals are obtained, our office will process the business registration application and we will contact you via email with payment instructions. Once payment has been processed, we will email you a copy of your business registration, and receipt of payment. Originals will be sent in the mail.

Fees are as follows: Business Registration fee of \$35.00. If a fire inspection is required, you will be assessed a fee based on the square footage. (These fees are both yearly)

Annual Renewal Notice:

Renewal notices are sent out on the last day of the month before your registration expires. Example: if the expiration date is 07/31/2000 the renewal notice will be sent out by 06/30/2000. If payment is received after the expiration date, a \$10.00 late fee will be assessed. At the time of renewal, you are required to submit copies of all current licenses.

If at any time you have questions, please call us at: 505-891-5004 or email at clerk@rrnm.gov. We are happy to assist you any way we can.



Residential Care Facility Business Registration

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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 Care Facility: Child Care/Daycare Facility Adult Care/Community Residential Care Facility

Business Name: _____

Business Owner: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____ Email: _____

Section 2: Tax Information

BTIN # - -

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: Please choose from the list below

- 621 - Ambulatory Health Care Services**
Includes: 6214 - Outpatient Care Centers
 6216 - Home Health Care Services
- 623 - Nursing & Residential Care Facilities**
Includes: 6232 - Residential Intellectual and Development Disability, Mental Health, and Substance Abuse Facilities
 6233 - Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly
 6239 - Other Residential Care Facilities
- 624 - Social Assistance**
Includes: 6242 - Community Food and Housing, and Emergency and Other Relief Services
 6244 - Child Day Care Services

Section 3: State or Federal Licensing Information

*CYFD Child Care License #: _____ Expiration: _____ Copy Provided
or
 *NMDHI License #: _____ Expiration: _____ Copy Provided
 *NMEH Food Permit#: _____ Expiration: _____ Copy Provided

**Please Note: a copy of current licensure must be provided yearly.*

Section 4: 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

Title/Position Held

Section 5: OFFICE USE ONLY

Zoning: Approved Not Approved

Zoning Specialist Signature

Date of Approval

Administrative Permit Issue Date: _____ Permit #: _____

Issued by: _____ Copy Provided

Conditional Use Permit Issue Date: _____ Permit #: _____

Issued by: _____ Copy Provided

Fire Inspection: Approved Not Approved

Fire Marshal Signature

Date of Approval

Building Inspection: Approved Not Approved

Building Inspector Signature

Date of Approval