



Instructions for a Commercial Business Application

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

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 Commercial Business Registration:

Step 1 – Applications/Forms

The attached forms must be filled out completely, signed and returned to the City Clerk's Office

- 1) Business Registration Application*
- 2) Wastewater Survey
- 3) Business Emergency Contacts/Alarm Information

**A valid BTIN # (Tax ID #) 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/> or 505-827-0700.*

Step 2 – Return All Completed Forms

Once forms are filled out and signed**, they must be returned to the City Clerk's Office as follows:

- **In-Person/Mailing address:** 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). A copy of your liability Insurance MUST also be submitted. (See Section 4 for more information). If you have a State or Federal license, a copy of your liability insurance must be submitted.*

Step 3 – Review of Application

City Clerk staff will review the application to verify completeness and accuracy. You will be contacted via phone or email to obtain missing information.

Completed applications will be forwarded to Development Services Department (DSD) for approval and issuance of a Tracking #. Once approved by DSD (48-72 hour typical turnaround) our office will return the application (to include DSD signature & tracking # in Section 6 of application) to you via email with instructions on how to obtain fire and building inspections.

Step 4 – Scheduling of Inspections

Schedule fire and building inspections AFTER City Clerk staff provides approved application back to you in the following order:

- 1) Fire Marshal's Office (FMO) 505-891-5924. (FMO will sign Section 6 of application)
- 2) Building Inspection Office (BIO) 505-891-5006. Please provide the Tracking # when scheduling inspection. If you didn't receive a Tracking #, please contact City Clerk's Office. (BIO will sign Section 6 of application)

Step 5 – Submitting Final Paperwork and Processing

Once all signatures are collected, submit completed Commercial application to City Clerk's Office using options listed in **Step 2** and include:

- a. A copy of **Fire Inspection Report** issued by FMO.
- b. Copy of any required State or Federal licensure for applicable businesses.
- c. Copy of Liability Insurance.

Step 6 – Payment of Fees

The City Clerk’s Office will finalize the business application by entering it into the city-wide system, we will email you a link for online payment of the fees.

Fees Schedule:

Annually (yearly) each commercial business must pay a registration fee of \$35.00, and a fire inspection fee based on the square footage of location. (See fee schedule below)

Fire Inspections (Businesses without hazardous materials or operations)

Up to 1,500 sq. ft.	\$30
1,501 -3,000 sq. ft.	\$60
3,001-6,000 sq. ft.	\$110
6,001-9,000 sq. ft.	\$160
9,001-12,000 sq. ft.	\$210
12,001-25,000 sq. ft.	\$230
25,001-100,000 sq. ft.	\$500
Over 100,000 sq. ft.	\$1,500

Fire Inspections (Businesses with hazardous materials or operations)

Up to 3,000 sq. ft.	\$80
3,001-6,000 sq. ft.	\$160
6,001-9,000 sq. ft.	\$210
9,001-12,000 sq. ft.	\$260
12,001-25,000 sq. ft.	\$310
25,001-100,000 sq. ft.	\$620
Over 100,000 sq. ft.	\$1,860

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.



THE CITY OF VISION

Please choose the code that closest suites your business and
place the number on the NAICS code section of the Business Registration Application.(Section 2)

North American Industrial Classification Systems (NAICS Codes)

11 Agriculture, Forestry, Fishing & Hunting

- 111 Crop Production
- 112 Animal Production & Agriculture
- 113 Forestry and Logging
- 114 Fishing, Hunting, and Trapping
- 115 Support Activities for Ag and Forestry

21 Mining, Quarrying, and Oil and Gas Extraction

- 211 Oil and Gas Extraction
- 212 Mining (except Oil & Gas)
- 213 Support Activities for Mining

22 Utilities

- 221 Utilities

23 Construction

- 236 Construction of Buildings
- 237 Heavy and Civil Engineering Construction
- 238 Specialty Trade Contractors

31-33 Manufacturing

- 313 Textile Mills
- 314 Fabric Mills
- 315 Apparel Manufacturing
- 316 Leather and Allied Product Manufacturing
- 321 Wood Product Manufacturing
- 322 Paper Manufacturing
- 323 Printing and Related Support Activities
- 324 Petroleum and Coal Products Mfg
- 325 Chemical Manufacturing
- 326 Plastics and Rubber Products Mfg
- 327 Nonmetallic Mineral Product Mfg
- 331 Primary Metal Manufacturing
- 332 Fabricated Metal Product Manufacturing
- 333 Machinery Manufacturing
- 334 Computer and Electronic Product Mfg
- 335 Electrical Equipment, Appliance & Component Mfg
- 336 Transportation Equipment Mfg
- 339 Miscellaneous Mfg

42 Wholesale Trade

- 423 Merchant Wholesalers, Durable Goods
- 424 Merchant Wholesalers, Nondurable Goods
- 425 Wholesale Electronic Markets & Agents and Brokers

44-45 Retail Trade

- 441 Motor Vehicle and Parts Dealers
- 442 Furniture and Home Furnishings Stores
- 443 Electronics and Appliance Stores
- 444 Bldg Material & Garden Eqmt & Supplies Dealers
- 445 Food and Beverage Stores
- 446 Health & Personal Care Stores
- 447 Gasoline Stations
- 448 Clothing and Clothing Accessories
- 451 Sporting Goods, Hobby, Musical Instrument & Book Stores
- 452 General Merchandise Stores
- 453 Miscellaneous Store Retailers
- 454 Non-store Retailers

48-49 Transportation and Warehousing

- 481 Air Transportation
- 482 Rail Transportation
- 483 Water Transportation
- 484 Truck Transportation
- 485 Transit & Ground Passenger Transp
- 486 Pipeline Transportation
- 487 Scenic and Sightseeing Transportation
- 488 Support Activities for Transportation
- 491 Postal Service
- 492 Couriers and Messengers
- 493 Warehousing and Storage

51 Information

- 511 Publishing Industries (Except Internet)
- 512 Motion Picture & Sound Recording Industries
- 515 Broadcasting (except internet)
- 517 Telecommunications
- 518 Data Processing, Hosting & Related Svcs
- 519 Other Information Services

52 Finance and Insurance

- 521 Monetary Authorities-Central Bank
- 522 Credit Intermediation & Related Activities
- 523 Securities, Commodities & Other Financial Investment Related Activities
- 524 Insurance Carriers and Related Activities
- 525 Funds, Trusts & Other Financial Vehicles

53 Real Estate & Rental & Leasing

- 531 Real Estate
- 532 Rental & Leasing Services
- 533 Lessors of Non-financial Intangible Assets (except Copyrighted Works)

54 Professional, Scientific & Technical Services

- 541 Professional, Scientific & Technical Svcs.

55 Management of Companies and Enterprises

- 551 Management Companies and Enterprises

56 Admin & Support & Waste Mgmt & Remed. Svcs

- 561 Administrative & Support Services
- 562 Waste Mgmt and Remed. Services

61 Educational Services

- 611 Educational Services

62 Health Care & Social Assistance

- 621 Ambulatory Health Care Services
- 622 Hospitals
- 623 Nursing & Residential Care Facilities
- 624 Social Assistance

71 Arts Entertainment & Recreation

- 711 Performing Arts, Spectator Sports & Related Industries
- 712 Museums, Historical Sites & Similar Inst.
- 713 Amusement, Gambling & Rec. Ind.

72 Accommodations & Food Services

- 721 Accommodation
- 722 Food Services & Drinking Places

81 Other Services (except Public Administrator)

- 811 Repair & Maintenance
- 812 Personal & Laundry Services
- 813 Religious, Grant making, Civic, Professional & Similar Organizations
- 814 Private Households

92 Public Administration

- 921 Executive, Legislative & Other Gen. Govt. Support
- 922 Justice, Public Order, and Safety Activities
- 923 Administration of Human Resource Programs
- 924 Admin of Environmental Quality

- 925 Admin of Hsng Prgms, Urban Planning & Community Development
- 926 Admin of Economic Programs
- 927 Space Research & Technology
- 928 National Security & International Affairs



Please complete all the information on this form as completely and accurately as possible by typing or using blue or black ink. Please contact us at with any questions.

SECTION 1 - BUSINESS INFORMATION

Business Name: _____

Representative: _____
First Name Last Name Title

Physical Address: _____
Street City/State Zip

Mailing Address: _____
Street City/State Zip

Phone #: _____ E-Mail: _____

SECTION 2 - GENERAL INFORMATION

1. Please describe in general the type of business to be conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.):

2. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts:

3. Standard Industrial Classification Number(s) (SIC Code) for your facility (visit http://www.osha.gov/pls/imis/sic_manual.html to look-up your code):

4. Does this facility use fats, oils or greases? [] Yes [] No

If yes, is there a grease trap present? [] Yes [] No

5. Does this facility use chemicals (excluding household cleaning items)? [] Yes [] No

If yes, are these chemicals stored onsite? [] Yes [] No

List the type and quantity of chemicals used or stored at the facility.

6. Does this facility have floor drains? [] Yes [] No

CITY OF RIO RANCHO WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS

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SECTION 3 - WASTE TYPES

1. Please indicate the type(s) of waste generated by your business by checking the applicable boxes below:

	Average Gallons Per Day		
<input type="checkbox"/> Domestic wastes (restrooms, showers, sinks, drinking fountains, etc.)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Boiler/Tower Blowdown	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Process	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Equipment/Facility Washdown (including washing bays, etc.)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other (please describe)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

2. Please indicate where your facilities' waste is discharged by checking the applicable boxes below:

	Average Gallons Per Day		
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Septic Tanks	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other (please describe)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

3. Please provide the name and address of waste hauler(s), if used:

Hauler Name _____

Hauler Address: _____
Street City/State Zip

CITY OF RIO RANCHO WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS

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SECTION 4 - ADDITIONAL INFORMATION

1. Does this facility accept for disposal any septic tank waste (sewage from holding tanks such as vessels, chemical toilets, campers, trailers, and septic tanks)?

Yes No

2. Does this facility have a federal RCRA (Resource Conservation & Recovery Act) generator number or does it discharge any waste to the sewer system that is classified as hazardous?

Yes No

If yes, complete the following HAZARDOUS WASTE INFORMATION:

Name of waste:

EPA Hazardous waste number:

If more than 100 kilograms (220 pounds) of any hazardous waste or any amount of acutely hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

Name of Waste/Pollutant	Mass in Wastestream (this month)	Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)

3. Certification:

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Facility Official:

Printed Name:

Date:

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SECTION 5 - FACILITY OPERATION CHARACTERISTICS

1. Number of employee shifts worked per 24-hour day: _____

Average number of employees per shift is: _____

Please list the # of shifts and hours therewith: _____

2. Please describe the principal product you produce: _____

3. Please describe any raw materials and process additives used: _____

4. Production process is: Batch Continuous Both _____ % Batch
_____ % Continuous

5. Hours of operation: _____

Is production subject to seasonal variation? Yes No

If yes, briefly describe seasonal production cycle: _____

6. Are any process changes or expansions planned during the next three years?

Yes No

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

SECTION 6 - SIGNATURE

Note: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature: _____ **Date:** _____

Printed Name: _____



RIO RANCHO POLICE DEPARTMENT ADMINISTRATIVE DIVISION

EFFECTIVE DATE: 04-01-1993

REVISED DATE: 02-27-2007

CONTROL NUMBER: DPS/PD048

BUSINESS EMERGENCY CONTACTS

Please complete all information accurately using blue or black ink or by typing. Contact us with any questions at (505) 891-5900.

Name of Business: _____

Name of Owner(s): _____

Business Address: _____

Business Phone #: _____ E-Mail: _____

Normal Business Days - Winter: _____ Hours: _____

Normal Business Days - Summer: _____ Hours: _____

EMERGENCY CONTACTS

#1 Contact Name: _____ Phone: _____ ext: _____
(First) (Last)

#2 Contact Name: _____ Phone: _____ ext: _____
(First) (Last)

#3 Contact Name: _____ Phone: _____ ext: _____
(First) (Last)

ALARM INFORMATION

Name of Alarm Company: _____

Alarm Company Phone: _____ ext: _____

Type of Alarm(s):
 Intrusion Silent Audible
 Fire Silent Audible
 Medical Silent Audible
 Panic Silent Audible
 Other Silent Audible
 Other Silent Audible

For "Other" please describe: _____

Department use only

Date entered: _____

Entered by: _____

Contacted by: _____

**PLEASE RETURN TO: RIO RANCHO POLICE DEPT., ATTN: COMMUNICATIONS CENTER
500 QUANTUM RD., RIO RANCHO, NM 87124
PH: (505) 891-5900 FAX: (505) 891-3888**