

**Village of Los Ranchos
Business Application 2011**

\$35 Business

Late Fee \$10

Name of Business: _____

Owner: _____ **Email Address:** _____

Business WEB address: _____

Business Address: _____ **Los Ranchos, NM** _____
Street Zip Code

Phone Numbers: _____
Business Cell Fax

Mailing Address (if different from business address):
_____ City Zip Code
Street

24 Hour Emergency Numbers:

Contact Name: _____ **Phone No.** _____

Type of Business (check one)

- Construction (license No.) _____
- Manufacturing
- Massage therapy (license No.) _____
- Professional Office
- Restaurant
- Retail
- Service
- Other (specify) _____

- Individual
- Partnership
- Corporation (NMSCC No.) _____
- LLC (NMSCC No.) _____

State Gross Receipts Information

Company CRS filed under:

CRS No.

**Attachment Checklist
For Official Use Only**

- Application
- CRS copy of registered no.
- Site Plan
- Sign Permit
- Copies of all licenses
 - Barber or Cosmology
 - Construction
 - Massage Therapy
 - Restaurant Environmental

For Official Use Only

Year: _____
Registration # _____
Registration Date: _____
Receipt No. _____
Check No. _____
Inspection Completed: _____
Staff Name: _____

I certify to the best of my knowledge that this application is true and correct.

Signature & Title/Position

Date

Print Name Clearly