



2231 Avenida de Mesilla
P.O. Box 10
Mesilla, NM 88046

Phone: (505) 524-3262 Fax: (505) 541-6327

Business Registration Application

Note: A separate business registration application form should be completed for each business location.

PLEASE PRINT

Business Registration Application Is: New _____ Renewal _____

Name of Business: _____
Name of Applicant: _____
Mailing Address (Street # or P.O. Box): _____
City: _____ State: _____ Zip Code: _____
Phone # of Business: _____
Location of Business: Street _____
City: _____ State: _____ Zip Code: _____

Property Owner Name: _____
Location: _____
Phone # of Property Owner: _____
Property Owner's Address: Street _____
City: _____ State: _____ Zip Code: _____

Additional Information

Square Footage of Business: _____
Number of Employees: _____
Number of Parking Spaces: _____
Zoning Code: _____

Type of Business -please describe product(s) and/or service(s): _____

Business Applicant Is: Sole Proprietorship _____ Partnership _____ Corporation _____

Current New Mexico Revenue Division ID #: _____
(The location code for reporting earnings received in the Town of Mesilla is **07-303**.)

EMERGENCY CONTACT INFORMATION		
Responsible party to be called in case of emergency. Enter name in order of contact (please print):		
Name	Address	Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Do you have an alarm system? Yes _____ No _____		
What Type? _____		
Which Company, if any, Responds to Alarms? _____		

APPLICANT HEREBY STATES UNDER OATH THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE AND VALID.

Signature of Applicant/Title

Date

Signature of Building Owner

Date

Office Use

Receipt Number: _____	Date of Payment: _____
Case Number: _____	Zone: _____
PZHAC Approval Date: _____	BOT Approval Date: _____
Sign Permit Case #: _____	Renewal Date: _____