



CITY OF JAL
BUSINESS REGISTRATION APPLICATION
CHAPTER 110.01, JAL MUNICIPAL CODE

License # _____

Complete and return to City of Jal, City Clerk's Office, PO Drawer 340, 309 Main St, Jal, NM 88252, with registration fee in the amount required and an official document reflecting the New Mexico Gross Receipts Tax Payer Number. **NOTICE: IT IS THE RESPONSIBILITY OF THE OWNER OR TENANT TO COMPLY WITH ALL CITY, STATE, AND FEDERAL CODES AND REGULATIONS. IF YOU ARE CHANGING THE USE OF AN EXISTING BUILDING, IT IS YOUR RESPONSIBILITY TO COMPLY WITH THE CODES FOR THE NEW USE OF THE BUILDING.**

NEW MEXICO CRS # (GROSS RECEIPTS TAX NO.) ____-____-_____
(For Questions Regarding Tax Numbers, Please Call the NM Taxation & Revenue Dept. Office in Roswell, NM @ 575-624-6065) (A number can be obtained at <http://www.tax.newmexico.gov/>)

BUSINESS INFORMATION

Name of Business _____

DBA Name (If Different from Name of Business) _____

Physical Location of the Business _____

Mailing Address _____

Phone No. (____) _____ - _____

New Mexico Contractor's License No.(if Applicable) _____

Type of Business or Goods/Wares/Merchandise/Services to Be Sold:

Is this New Ownership of an Existing Business? Yes _____ No _____

If Yes, Name of Existing Business? _____

Is this a Temporary Business? Yes _____ No _____ Number of Days _____

BUSINESS OWNER(S) NAME

Name _____ Name _____

Address _____ Address _____

Phone No. (____) _____ - _____ Phone No. (____) _____ - _____

Email: _____ Email: _____

State of Issue & Driver's License No. _____ State of Issue & Driver's License No. _____

BUSINESS & PROPERTY INFORMATION

Name of Property Owner _____

Property Owner Phone No. (____) _____ - _____

STORE INFORMATION (Contact information for Local Site/Store Manager)

Name _____

Address _____

Phone No. (____) _____ - _____

COMMERCIAL BUSINESS EMERGENCY INFORMATION

Please submit the following information to be used by the Jal Police Department in an effort to expedite the security of your business in case of an emergency. Should this information change, please contact the City Clerk's Office at (575)395-3340 so that we may update our files accordingly.

Emergency Contact Name _____

Emergency Contact Phone No. (____) _____ - _____

ESTABLISHED INSIDE CITY LIMITS

1-4 Employees \$10.00

5-10 Employees \$15.00

Over 10 Employees \$30.00

ESTABLISHED OUTSIDE CITY LIMITS

One Day \$8.00

One Year \$35.00

Applicant Signature _____

Date _____

BY ACCEPTING THIS APPLICATION, THE CITY OF JAL DOES NOT GUARANTEE APPROVAL OF APPLICATION.

FOR OFFICIAL USE ONLY: YEAR: _____

Date of Issue: _____ License #: _____ Receipt #: _____

Payment Type: Credit Card Cash Check# _____ Amount: _____