



BUSINESS REGISTRATION APPLICATION

Cibola County Clerk's Office

700 Roosevelt Ave, Suite 50

Grants, NM 87020

505-285-2535 (phone) 505-285-2562 (fax)

Registration # _____ Initial Application

Registration # _____ Renewal Application

Business Name (and DBA if used): _____

Business Physical Address: _____

City, State, ZIP: _____ Phone: _____

Mailing Address: _____ City, State, ZIP: _____

If applicable, N.M Occupational or Professional License #: _____ License Type: _____

N.M. CRS 11-digit # (REQUIRED): _____ Primary NAICS Code:

N.M. Food Establishment Permit # (if applicable): _____ Industry: _____

Total number of Locations _____

Organization type (check one): Corporation LLC Partnership Sole Proprietor Nonprofit

Nonprofit ID# (if applicable): _____

Corporate or Owner's Name: _____ Phone: _____

Owner's Address: _____ City, State, ZIP: _____

Public Website: _____

Name of Contact Person: _____ Title of Contact Person: _____

Email: _____ Phone: _____

List the services, products, or goods this business will offer or provide inside Cibola County:

The payment of the business registration fee, and the issuance of a registration by the County shall not entitle the holder thereof to carry on any business unless he or she has complied with all applicable laws.

I agree to comply with current County, State, and federal regulations. I have obtained all licenses and inspections required by the State of New Mexico and I certify the information I have included on this application is correct.

Signature _____ Date Signed: _____

Printed Name: _____ Title: _____

For Official Use only:

Cibola County Signatures:

Assessor's office: _____ Date: _____

Planning Department: _____ Date: _____

Clerk's Office: _____ Date: _____

Amount: \$ _____

Late Fee: \$ _____

Total: \$ _____

Date Paid: _____