



**BUSINESS LICENSE**  
**APPLICATION # BL \_\_\_\_\_**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**1203 N. HUDSON STREET, 2<sup>ND</sup> FLOOR/PO BOX 1188**  
**SILVER CITY, NM 88062 (575)534-6348/FAX (575)534-6381**

**DATE**  
**STAMP**

Pursuant to the Town Ordinance, Section 10-20 businesses intending to locate in Silver City, or conduct business within Town limits, must apply for and obtain a Business License. The fee is \$35 annually unless it is a business requiring a varied fee as indicated in Town Ordinance, Section 10-23. The information requested herein must be fully answered to the best ability of the applicant.

*PLEASE USE BLACK PEN ONLY*

**BUSINESS INFORMATION:**

**Business Name:** \_\_\_\_\_

NM CRS #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

\_\_\_\_ New business    \_\_\_\_ Relocation    \_\_\_\_ Home business    \_\_\_\_ Special Event    \_\_\_\_ Outside Business

Give a brief description of the business: \_\_\_\_\_

**BUSINESS OWNER INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

Verified applicant with current government photo identification.

Driver's License#: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**BUSINESS LOCATION(S):** (Town Ordinance, Section 10-55 requires a separate business application and fee for each fixed business location conducted by the same person.)

Street address: \_\_\_\_\_

Property code: # \_\_\_\_\_

Site Plan required \_\_\_\_ Yes \_\_\_\_ No     Please attach a site plan showing dimensions of property boundaries, footprint of all structures within the boundaries, setback distances, and parking and stacking spaces.

**PROPERTY OWNER INFORMATION:**

**IF APPLICANT IS NOT THE PROPERTY OWNER, A COMPLETED AUTHORIZATION FORM or COPY OF THE LEASE IS REQUIRED FROM THE PROPERTY OWNER**

**ALL APPLICANTS MUST SIGN HERE**

As the Applicant, I state that the information provided in this application and all attachments is true and accurate to the best of my knowledge. I also certify that I possess all necessary and current licenses to perform the business for which I am hereby requesting Town licensure. I understand that misrepresentation is grounds for revocation of said business license. I understand that I must comply with all Town Ordinances, laws, regulations and other agency laws while conducting business within the Town of Silver City.

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

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**FOR STAFF USE ONLY**

**HOME BUSINESS, NEW BUSINESS OR RELOCATED BUSINESS (Circle one that applies)**

\_\_\_\_ Zoning [Table 3.2 and Section 3.3.1]

\_\_\_\_ Parking [Table 5.9.2] required spaces \_\_\_\_\_ Number provided \_\_\_\_\_

\_\_\_\_ Stacking required spaces \_\_\_\_\_ Number provided \_\_\_\_\_

\_\_\_\_ Signs/Sign Permit [5.15]

\_\_\_\_ Applicant provided with copy of Land Use Code Section 3.3.2(F), home business regulations

**HOME BUSINESS CRITERIA:**

\_\_ The requested registration/license is in compliance with Section 3.3.2 (F)

\_\_ The home business complies with all requirements of the Land Use Code.

\_\_ The registration/license is requested by, and shall be issued to, the resident of the dwelling unit in which the home business is to be conducted. If the resident rents the dwelling unit, the resident shall provide a completed C.D.D. written authorization form from the property owner as part of the permit application.

**APPLICABLE SIGNATURES and/or COMMENTS REQUIRED:**

Utilities Dept. \_\_\_\_\_

C.D.D./Planning \_\_\_\_\_

Building Official \_\_\_\_\_

Chief of Police \_\_\_\_\_

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Fire Inspection Fee Required \_\_\_\_\_ Yes \_\_\_\_\_ No (Fee determined by fee schedule)

Other Applicable Fees: \_\_\_\_\_

Safety Inspection \_\_\_\_\_ Yes (Required for all commercial businesses and for home businesses having patrons coming to the residence)

Fire Inspector's Signature or attached fire inspection form:

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**(FOR STAFF USE ONLY)**

Town Ordinance Section: 10-203 "Pawn Broker Bonds"

Bond received

Bond approved by Town Council (Chapter 10, Article VII, Section 10-203)

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**(FOR STAFF USE ONLY)**

Applicable additional Water Service Fee: \_\_\_\_\_ Yes \_\_\_\_\_ Amount

Applicable Cleaning Deposit Fee: \_\_\_\_\_ Yes \_\_\_\_\_ Amount

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**PAYMENT INFORMATION:**

Fee: \$ \_\_\_\_\_ cash/ck. # \_\_\_\_\_ Paid (Date): \_\_\_\_\_ Receipt #: \_\_\_\_\_

**APPROVED:**

Yes \_\_\_\_\_ Town Clerk/ Designee \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Denied \_\_\_\_\_ Reasons \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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**(FOR STAFF USE ONLY)**

**REVOCACTION PROCESS START DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**BUSINESS PROPRIETOR CERTIFIED NOTICE MAIL DATE:** \_\_\_\_\_

**REFERRED TO TOWN MANAGER ON:** \_\_\_\_\_

**REVOCATED** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**(Town Manager Signature and Date)**

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**BUSINESS REGISTRATION**

Emergency Contact Information applicable for Commercial Buildings and Home Business site locations within Town limits: (i.e. repairs, fire, vandalism, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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