



Note: Business Registrations Require a 24 - 48 Hour Evaluation Period

APPLICATION - BUSINESS REGISTRATION
CITY OF ELEPHANT BUTTE
P.O. Box 1080
Elephant Butte, NM 87935
(575) 744-4892

Name of Business: _____

Physical Address: _____

Mailing Address: _____
(If different)

Contact Person: _____ Telephone No. _____

Type of Business: _____
(E.g., Retail sales, professional, food and beverage, manufacturing, etc.)

Zoning Classification of Property: _____

Licensed Contractor: Yes [], No [] N.M. License No.: _____

*N.M. CRS No. _____
(REQUIRED - Obtained from N.M. Department of Taxation and Revenue)

NOTES TO APPLICANT: SEE REVERSE FOR REQUIRED APPROVALS, ATTACHMENTS, AND FEES.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Owner [], Authorized Agent [] Date _____

For City of Elephant Butte Only - Approved:

City Clerk/Deputy City Clerk Registration No. _____

