

**CITY OF DEMING
BUSINESS REGISTRATION APPLICATION**

A SEPARATE BUSINESS REGISTRATION APPLICATION FORM SHOULD BE COMPLETED FOR EACH BUSINESS. A SEPARATE BUSINESS REGISTRATION APPLICATION FORM SHOULD NOT BE COMPLETED FOR EACH LOCATION OF A SINGLE BUSINESS. ANY BUSINESS WHICH IS LICENSED UNDER SECTION 5-1-3 THE MUNICIPAL CODE SHALL PAY THE APPROPRIATE FEE.

_____ INITIAL APPLICATION

_____ RENEWAL

1. NAME OF BUSINESS _____
2. STREET OR MAILING ADDRESS _____
3. APPLICATION IS:
INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____
4. NATURE OF BUSINESS: _____
5. LIST ADDRESS OF EACH LOCATION, OUTLET, BRANCH, ETC. . . OF THE BUSINESS (AND NAMES, IF DIFFERENT, FROM NO. 1 ABOVE) WITHIN THE CITY OF DEMING.

6. TOTAL NUMBER OF LOCATIONS LISTED IN NUMBER 5: _____
7. CURRENT CRS NM REVENUE DIVISION IDENTIFICATION #
IF YOU DO NOT HAVE AN IDENTIFICATION #, ATTACH EVIDENCE OF APPLICATION FOR ONE.
CURRENT FEDERAL IDENTIFICATION # _____, OR IF NOT
APPLICABLE SOCIAL SECURITY NUMBER: _____
8. BUSINESS REGISTRATION FEE: _____
PLEASE SUBMIT YOUR FEE WITH THE APPLICATION. MAKE CHECKS PAYABLE TO:
CITY OF DEMING. THE BUSINESS REGISTRATION FEE CANNOT BE PRORATED FOR A PARTIAL YEAR. THEREFOR THIS APPLICATION SHOULD BE RENEWED ON JANUARY OF EVERY NEW YEAR!

DATE: _____, 20_____

(NAME OF CORPORATION, PARTNERSHIP)
(OR OTHER BUSINESS ENTITY)

(SIGNATURE)

(PRINT NAME)

(TITLE OR POSITION HELD)

(BUSINESS TELEPHONE NUMBER)

FOR OFFICE USE ONLY:

LICENSE NO. _____

RECEIPT NO. _____

DATE: _____