

San Miguel County
Business Registration/ License Application Form

1. Applicant Information

Date of Application: _____

Name of Owner: _____

Street Address: _____

Mailing Address: _____

Phone No.: _____

Business or Firms Name: _____

Mailing Address _____

Phone No: _____

Type of Business: _____

New Mexico Gross Receipts Tax Number (C.R.S. Id) _____

PLEASE CHECK THE APPLICABLE SECTION

_____ This is an Annual Renewal

_____ This is a New Business. (Must present Tax ID Number Certificate)

(THIS SECTION ONLY APPLIES TO LODGING BUSINESSES)

2. Lodgers Facility / Identification (If applicable)

Location of Lodging Facility: _____

Description of Lodging Facility: _____

Number of Rooms providing overnight Lodging _____

Average overnight Lodging Rates _____

Summer _____

Winter _____

Description of Facilities or Services Provided by Vendor. (Please check where applicable)

Restaurant _____

Recreational _____

Bar/Lounge _____

Facilities _____

Laundry _____

Cleaning _____

Car Rental _____

List if Provided ie. Boating, skiing..etc _____

3. Additional Licensing

List Additional Licensing

Identification Number

Exemptions to County Lodgers Tax-

Other Information: _____

Disapproved _____

Approved _____

County Clerk

Applicant Signature

Deputy

Date