



**SEASONAL BUSINESS PERMIT APPLICATION
VILLAGE OF LOS RANCHOS**

www.losranchosnm.gov
 6718 Rio Grande Blvd NW
 Los Ranchos, NM 87107
 Phone: 505-344-6582

SEASONAL FEE: \$35.00

Seasonal Licenses are Valid for Three Months

LATE FEE: \$10.00

Name of Business:	Owner:
Business Website:	
Email:	
Business Address:	Los Ranchos, NM <input type="checkbox"/> 87107 <input type="checkbox"/> 87114
Phone Number:	Alternative Number:
If you would like your contact information available to the public, please specify which method:	
Mailing Address (if different from business address):	
Emergency Contact Name:	Contact Number:

TYPE OF BUSINESS (check all that apply)	STATE GROSS RECEIPTS INFORMATION
<input type="checkbox"/> Green Chile Sales/Roasting	Business name as it appears on CRS certificate
<input type="checkbox"/> Christmas Trees	CRS#
<input type="checkbox"/> Pumpkins	
<input type="checkbox"/> Arts/Crafts	
<input type="checkbox"/> Baked Goods	
<input type="checkbox"/> Live Plants	Zipcode Registered Under:
<input type="checkbox"/> Confections	Last 4 numbers of FEIN & SSN
<input type="checkbox"/> Retail	FOR OFFICIAL USE ONLY
<input type="checkbox"/> Service	Year: _____
<input type="checkbox"/> Other/Seasonal	Registration: _____
<input type="checkbox"/> Individual	Registration Date: _____
<input type="checkbox"/> Partnership	Receipt No: _____
<input type="checkbox"/> Corporation (NMSCC No.)	Check No.: _____
<input type="checkbox"/> LLC (NMPRC No.)	Staff Name: _____
FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Application	<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Sign Permit Ordinance
	<input type="checkbox"/> Copy of License
	<input type="checkbox"/> Copy of Food Permit
	<input type="checkbox"/> Fire Inspection

I certify, that to my knowledge, this is a true and accurate application.

Print Name: _____

Signature: _____

Date: _____