



# VILLAGE OF HATCH

133 N. Franklin, P.O. Box 220, Hatch, NM 87937  
(575) 267-5216

**2016 NEW BUSINESS REGISTRATION**  
**ALL ENTRIES ARE REQUIRED**

**INCOMPLETE APPLICATIONS WILL BE RETURNED WITH YOUR PAYMENT**

**Business Name** (as it appears on license):

Is this business name the same name as registered on your CRS?  Yes  No  
If no, under what name is your business registered with Taxation and Revenue?

**Business Owner Name:**

**Business Mailing Address:**

**Business Physical Address:**

**Business Phone:**

**New Mexico CRS Number:**

**GRT Paid** (check one):  Monthly  Quarterly  Yearly  Semi-Annually

**Application is for**  Individual  Partnership  Corporation  Limited Liability Co.

**Owners, Partners, Corporate Officers**

Name	Title	Address	Phone No.

Do you handle hazardous or toxic materials?  YES  NO  
Does Business require a permit from the New Mexico Environment Dept.?  YES  NO  
Does Business require a permit from the Federal Environment Protection Agency?  YES  NO  
Does Business require a license from the State of New Mexico?  YES  NO  
Does Business require a contractors license?  YES  NO

**Primary Type of Business:**  Construction  Manufacturing  Retail  Wholesale Trade  
 Personal Service  Business Service  
 Other: Specify \_\_\_\_\_

**Nature of Business** (Max. 5 words)

**OWN** **MANDATORY:** If renting, include property owners **LETTER OF AUTHORIZATION WITH PROPERTY OWNER**  
 **RENT** **EMERGENCY CONTACT INFORMATION** to conduct business on property; letter **MUST** be on file in Village Office.

I affirm that the above information is true and correct. I understand that it is my responsibility to notify the Village of Hatch of any changes to my business information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

P&Z Approval:	Home Occupation Permit	Payment Type:
Date	CEO _____	<input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check NO. _____
Zone:		Business Registration: \$35.00 Home Occupation Permit: \$10.00
Received by:	Receipt No:	Business ID: _____ Date Cert. Sent: _____