City of Aztec
201 West Chaco
Aztec NM 87410
www.aztecnm.gov

Office: (505) 334-7670
Fax: (505) 334-7679

License No._____

USE THIS FORM TO UPDATE ANY CHANGES TO BUSINESS INFORMATION
IF THERE ARE NO CHANGES TO INFORMATION THERE IS NO NEED TO COMPLETE THIS FORM

BUSINESS REGISTRATION RENEWAL/CHANGE FORM

PLEASE PRINT

Legal Name of Business: _____

Trade Name (DBA): _____

Physical Address: _____

Mailing Address: _____

Business Phone #: _____ Alternate Phone #: _____

Business Email Address: _____

Business Website Address: _____

Describe the nature of Business. _____

Type of Ownership:
Please check one.

- ☐ Proprietorship (Sole Owner)
- ☐ Partnership (LP,LLP,LLLP,LPA)
- ☐ Limited Liability Company (LLC)
- ☐ Corporation/S Corporation
- ☐ Non-Profit Organization 501(c) 3 Attach IRS Determination Lettter

Contact Information

_____
Primary Contact Name | Title/Position | Home Phone #

_____
Address | City/State | Zip Code

State your profession or occupation:_____

Does your Profession or Occupation require New Mexico State Certification or License? ☐Yes ☐No
If yes, you must attach a copy of your current certification or license issued by the State of New Mexico.

Rennovations , Building and Fire Codes

Did you make any rennovations to your business location, including mechanical, plumbing or electrical upgrades? Does the business location meet all current building and fire codes?

_____

_____

Signature

It shall be unlawful for any applicant to knowingly provide any materially inaccurate, false, or misleading information on any license application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge, true, correct and complete.

_____
Printed Name | Applicant Signature | Date