

CITY OF AZTEC  
201 WEST CHACO  
AZTEC NM 87410



OFFICE: (505) 334-7670  
FAX: (505) 334-7679

**SPECIAL EVENT BUSINESS REGISTRATION**  
**\_\_\_\_\_ DAY(S)**

3 DAY MAXIMUM

**PERMIT FEE IS \$10.00 PER DAY.**

NAME OF BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**PHYSICAL ADDRESS WHERE EVENT WILL TAKE PLACE:** \_\_\_\_\_

\_\_\_\_\_

BRIEF DESCRIPTION OF NATURE OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

STATE TAX ID # (CRS#) \_\_\_\_\_

DATE AND TIME EVENT WILL TAKE PLACE: \_\_\_\_\_

Are you a food vendor? If so, please attach your NMED Permit

\_\_\_\_\_  
SIGNATURE OF APPLICANT:

\_\_\_\_\_  
DATE: