

 Village of Cimarron

 PO Box 654
 ♦ 356 East 9th Street
 ♦ Cimarron, NM 87714-0654

 (575) 376 2232
 ♦ Fax (575) 376-2810
 ♦ www.villageofcimarron.net

Business Registration Application – January 1 to December 31

Business Name:			For Village Use Only
Business Physical Location: (not PO box) (List ALL)		License Year: 2022	
Mailing Address:		Business License #	
(if different)			
Designed Ford			License type
Business Phone () Web site:	Business Fax () E-Mail:		
			License fee \$
NM CRS #	Cimarron business s	start date:	Date Paid Cash
(Attach copy of registration certificate) Description of Business (Required):			Check
Description of Dustiness (requires).		The state H	
		Receipt #	
Commercial Location Home Based Business No Fixed Location			
Does this business USE or STORE Toxic Materials Flammable Materials Other bio-hazard materials DESCRIBE:			
Ownership: Sole Proprietor Partr	nership LLC C	orporation	Other (explain)
ENTER BELOW NAMES OF OWNERS, PARTNERS OR CORPORATE OFFICERS (Attach additional page if necessary)			
Owner Name: Title:			Phone:
Home Address:			E-Mail:
City: State:			Zip:
Owner Name: Title:		Phone:	
Home Address:			E-Mail:
City: State:			Zip:
EMERGENCY CONTACT OR ALARM COMPANY			
Contact Person:			Phone: ()
Address:			Cell Phone: ()
City, State, Zip			
I hereby certify, under penalty of perjury, that the information in this application and any attachments is true, correct and complete to the best of my knowledge, and that I will comply with the provisions of the Village of Cimarron Municipal Code and all laws regulating the operation of this business. I also certify that I have all the necessary professional licenses and permits required to conduct my business.			
Signature of Owner or Officer:			
 Village Approvats 			Sign & Date
NEW BUSINESS LICENSE NEEDS ALL APPROVALS BELOW			
FINANCIAL CLERK-check for completeness and required attachments			Date: / /
PLANNING & ZONING-confirm appropriate zoning PUBLIC SAFETY-Review for information purposes			Date: / /
VILLAGE CLERK-Review for appropriate fees			Date: / / Date: / /
MAYOR-Final Approval			
BUSINESS LICENSE RENEWAL			Date: / / Date: / /
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