



**HOME OCCUPATION  
BUSINESS LICENSE REGISTRATION  
TITLE 9, CHAPTER 12 OF ARTESIA CITY CODE  
APPLICATION FEE \$50 BUSINESS LICENSE FEE \$35**

NM State Tax ID# \_\_\_\_\_ Date: \_\_\_\_\_

Business Name \_\_\_\_\_ Phone: \_\_\_\_\_

Business Location \_\_\_\_\_

Type of Business (*IN DETAIL*) \_\_\_\_\_

\_\_\_\_\_ Mobile or Off-Site (Y/N) \_\_\_\_\_

Days and Hours of Operation \_\_\_\_\_

Owner Name (*Print*) \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ DOB (MO-DY-YEAR) \_\_\_\_\_

E-mail \_\_\_\_\_ NM State License# (*If Profession Requires*) \_\_\_\_\_

*I certify that the foregoing information is correct to the best of my knowledge and understand that the granting and continuance of this license is dependent upon me abiding City of Artesia regulations and/or ordinances.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If the applicant is not the property owner, then the applicant shall complete the following:**

Property Owner's Name \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY**

P & Z \_\_\_\_\_ Zoning District \_\_\_\_\_ Date \_\_\_\_\_

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Fire Marshal \_\_\_\_\_ Date \_\_\_\_\_

Police \_\_\_\_\_ Date \_\_\_\_\_

PLANNING AND ZONING COMMISSION \_\_\_\_\_ Date \_\_\_\_\_

CITY COUNCIL \_\_\_\_\_ Date \_\_\_\_\_

PLANNING AND ZONING ADMINISTRATOR

801 W. BUSH STREET, ARTESIA, NM

[ljaramillo@artesianm.gov](mailto:ljaramillo@artesianm.gov)

OFFICE #(575) 748-0886 CITY HALL FAX (575) 746-3886