



**COMMERCIAL  
BUSINESS REGISTRATION**

**REGISTRATION FEE WILL BE DUE AT THE TIME OF ISSUANCE  
AND IS DEPENDANT ON THE TYPE OF BUSINESS**

[WWW.ARTESIANM.GOV](http://WWW.ARTESIANM.GOV)

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

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

(Form of Business) Sole Proprietorship, Partnership, LLC or Corp.

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Days and Hours of Operation (7 days / 24 hours): \_\_\_\_\_

E-mail: \_\_\_\_\_

NM State License # (if Profession Requires): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Owner or Manager's Name (Print): \_\_\_\_\_

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

*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 ordinances.*

\_\_\_\_\_  
**Owner or Manager's Signature**

\_\_\_\_\_  
**Date**

**OFFICIAL USE ONLY**

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

Building Official \_\_\_\_\_ Date \_\_\_\_\_

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

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

Infrastructure Director \_\_\_\_\_ Date \_\_\_\_\_

**Final Approval:** City Clerk \_\_\_\_\_ Date \_\_\_\_\_

**Date Payment Received** \_\_\_\_\_ **Date License Printed** \_\_\_\_\_

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_ REASON \_\_\_\_\_