



**HOME OCCUPATION  
BUSINESS LICENSE REGISTRATION  
TITLE 9, CHAPTER 12 OF ARTESIA CITY CODE**

**APPLICATION FEE \$50** \_\_\_\_\_ **BUSINESS LICENSE FEE \$35** \_\_\_\_\_

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

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: \_\_\_\_\_

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

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

Does this business require storage of equipment, chemicals or any such item? (**Y/N**): \_\_\_\_\_ If yes please explain: \_\_\_\_\_

(If more space is needed please continue on back or attach a separate list)

Is this a work yard? (**Y/N**): \_\_\_\_\_

*I certify that the following 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 (*Print*): \_\_\_\_\_

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

**OFFICIAL USE ONLY**

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

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

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

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

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

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

APPROVED \_\_\_\_\_

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