

City of Albuquerque

Official Business Registration Application

Home Based Business



Congratulations on taking one of the first steps to starting your new business in the City of Albuquerque! All businesses operating within the city limits, for a profit and who are required to obtain a New Mexico Taxpayer Identification Number are required to obtain a business registration (Business Registration Ordinance 53-1981) from the City's Treasury Division. This includes both home-based and commercial businesses.

FEES

The administration fee collected, which pays to set up and maintain your registration, is **Non-Refundable**. The annual fee for a Business Registration is \$35.00 per business location.

Late Fees: Businesses that do not pay the registration fee by the date business has commenced or annually on or before the anniversary date will be charged a late fee of \$10.00 per year.

HEALTH PERMIT FEES

If your business involves handling, preparation, food service, a swimming pool, liquor stores, bars/lounges, or convenience stores selling liquor please contact the City Environmental Health Department at 505-768-2600 to obtain information on any health permits that apply to your business. Inspection fees for each permitted location will be determined by the City Environmental Health Department

FILING YOUR BUSINESS REGISTRATION APPLICATION

Complete all sections of the application. Be sure the information is complete, legible and accurate. Information you include in your application is public information.

BUSINESS ADDRESSES/LOCATION

Zoning approval is required for each location where you will be conducting business. If you will be conducting business in one or more locations, submit a separate application for each location. It is the responsibility of the business owner to notify the City Treasurer in writing of any changes to the business location. A separate business registration application is required for each business location, whether located in a business or residential building. (Ordinance 53-1981).

A physical address is required for each business location. A post office box may be used only for the mailing address.

QUESTIONS

Please contact the City's Treasury Division with any business registration questions or concerns either by phone at 505-768-3463 or by email at caglialoro@cabq.gov.

On behalf of the City of Albuquerque, We Wish You Success On Your New Business!



CITY OF ALBUQUERQUE BUSINESS REGISTRATION APPLICATION HOME OCCUPATION

Phone contact (505) 768-3463 for questions on this section or in general

PLEASE ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

*** REQUIRED FIELDS (PLEASE PRINT)**

CHECK HERE IF THIS APPLICATION IS FOR A CHANGE OF ADDRESS

OWNER INFORMATION

*OWNER NAME

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* STREET #	*STREET NAME	*STREET TYPE <small>(e.g. Ave, St, Dr, etc)</small>	*POST DIR <small>(e.g. NE)</small>
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*CITY	*STATE	*ZIP CODE
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*PHONE	*FAX
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	<input type="checkbox"/> PROPRIETORSHIP / SOLE OWNER <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NOT FOR PROFIT <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
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*STATE TAX ID # (CRS #)	*OWNER TYPE
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COMPANY INFORMATION (DBA)

* BUSINESS (DBA) NAME

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STREET #	STREET NAME	STREET TYPE <small>(e.g. Ave, St, Dr, etc)</small>	POST DIR <small>(e.g. NE)</small>
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CITY	STATE	ZIP CODE
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PHONE	FAX
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DESCRIBE SERVICE OR PRODUCTS PROVIDED

BUSINESS START DATE

MAILING ADDRESS

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

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STREET #	STREET NAME	STREET TYPE <small>(e.g. Ave, St, Dr, etc)</small>	POST DIR <small>(e.g. NE)</small>
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CITY	STATE	ZIP CODE
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Zoning Enforcement check here only if the location is NOT within the city limits.

NOTE: THIS ADDRESS IS LOCATED OUTSIDE THE MUNICIPAL LIMITS OF ALBUQUERQUE. APPROVAL OF THIS LICENSE ONLY ALLOWS YOU TO DO BUSINESS WITHIN THE CITY. TO ESTABLISH THE BUSINESS AT THIS LOCATION, PLEASE CONTACT THE APPROPRIATE ZONING AUTHORITY FOR THEIR APPROVAL.

ZONING ENFORCEMENT
 Phone contact – (505) 924-3850 for questions on this section.

PLEASE ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. Name of property owner: _____
2. Describe the business activity: _____
3. Explain how the dwelling unit will be used in reference to this activity: _____
4. How many people, other than yourself, will be working from the dwelling unit? _____
 Do they all live in the dwelling? No Yes

5. Explain the activity in the dwelling unit:

	No	Yes
• Will anything be manufactured or produced on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
• Will any merchandise be sold at the dwelling?.....	<input type="checkbox"/>	<input type="checkbox"/>
• Will any merchandise be displayed at the dwelling?.....	<input type="checkbox"/>	<input type="checkbox"/>
• Will the home occupation involve auto repair?.....	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above is “yes”, please explain:

6. Which room(s) of the dwelling unit will be used for this activity? _____
 - Will the room(s) used for this activity exceed 25% of the total floor area of the dwelling? ... No Yes
 If yes, explain: _____
 - Will any stock in trade be stored in the dwelling unit or on the premises? ... No Yes
 If yes, will this area exceed 5% of the total floor area of the dwelling? ... No Yes

7. Will the activity be conducted outside in the yard, patio or open courtyard of this dwelling? ... No Yes
 If yes, explain: _____

8. Will there be any vehicle(s) used in connection with the home occupation? ... No Yes
 - How many such vehicles will be parked at this location? _____
 - What will the vehicles be used for? _____
 - Describe the size / type of vehicle: _____
 - Describe any anticipated deliveries / pick ups by commercial vehicles at the site (i.e. # per week, type of delivery, etc.): _____
 - Will there be any other vehicle traffic to and from the site as a result of the home occupation? ... No Yes
 If yes, explain: _____

9. Will there be any external (outside) evidence of the home occupation, i.e. storage, noise, dust, odors, noxious fumes or other nuisances emitted from the premises? ... No Yes
 If yes, explain: _____

10. Is the home occupation use related to healthcare (i.e. physicians or other medical practices, counseling, nursing home, massage, therapy, etc.)? No Yes
 If yes, explain: _____

11. Is the home occupation related to adult entertainment (including companion / escort services)? No Yes
 If yes, explain: _____

12. Will there be a sign placed on the premises relating to the home occupation use? No Yes
 If yes, the sign is limited as follows:
 - a. It shall not exceed one (1) square foot in area.
 - b. It shall be non-illuminated.
 - c. It must be affixed to the façade of the house (i.e. not free standing).

NOTE: If your business involves any of the following, but not limited to: Adult Amusement, Auto Dismantler / Auto Dealership, Escort Service or Firearms, please be advised that you will be required to visit the Zoning Office located at 600 2nd St NW, first floor of the Plaza Del Sol Building, phone (505) 924-3850.

Please read the following before signing the application:

I understand that my signature indicates that all of the information contained on this application is true and correct, and that Zoning approval of this home occupation is dependent upon me abiding by all the regulations found in the City of Albuquerque Comprehensive Zoning Code, section 14-16-2-6(g) [Article XVI of Chapter 14 of the Revised Ordinances of Albuquerque, New Mexico, 1994].

X _____
Applicant Signature **Telephone Number** **Date**

Application Check List:

- Fill out the entire application completely. Incomplete applications will not be processed.
- There is a \$35 annual fee; the fee is non-refundable. If mailing, do not send cash. Make check out to City of Albuquerque.
- Deliver in person to City Treasury, Plaza Del Sol Building, 600 2nd St NW (on the corner of Lomas and 2nd Street), or Mail to:

City of Albuquerque
Treasury Division
Attn: Business Registration
PO Box 17
Albuquerque, NM 87103

OFFICE USE ONLY ZONING OFFICE APPROVAL	
ZONE: _____	<input type="checkbox"/> APPROVED
MAP: _____	<input type="checkbox"/> DISAPPROVED
BY: _____	DATE: _____
COMMENTS: _____ _____ _____	