

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.

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. *The information you include in your application is public information and will be published on the City of Albuquerque's website.*

Questions

Please contact the City of Albuquerque Code Enforcement-Business Registration Division with any business registration questions or concerns either by phone at 505-924-3890 or by email at businessregistration@cabq.gov

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



**BUSINESS REGISTRATION APPLICATION
HOME OCCUPATION**
Phone contact (505) 924-3890 for questions on this section.

PLEASE ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Check Here if this Application is for a Change of Address

Please insert Facility Id number (only for change of address) FA0

OWNER
INFORMATION

***REQUIRED FIELDS (Please Print)**

| | | | |
|-----------------------|---------------------|--|---|
| | | | |
| *OWNER NAME: | | | |
| *ST# | *STREET NAME | *STREET TYPE | *POST DIR |
| | | | |
| *CITY | | *STATE | *ZIP |
| | | | |
| *PHONE# | | *EMAIL ADDRESS | |
| | | | |
| | | <input type="checkbox"/> PROPRIETORSHIP/SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LLC <input type="checkbox"/> NOT FOR PROFIT <input type="checkbox"/> OTHER |
| *STATE TAX ID# | | *OWNER TYPE | |

COMPANY NAME
(DBA)

| | | | |
|-----------------------------|--------------------|-----------------------|-----------------|
| | | | |
| BUSINESS (DBA) NAME: | | | |
| ST# | STREET NAME | STREET TYPE | POST DIR |
| | | | |
| CITY | | STATE | ZIP |
| | | | |
| PHONE # | | *EMAIL ADDRESS | |
| | | | |

DESCRIBE SERVICE OR PRODUCTS PROVIDED

BUSINESS START DATE:

Mailing
Address

MAILING ADDRESS IF DIFFERENT FROM ABOVE

| | | | |
|-----------------|--------------------|--------------------|-----------------|
| STREET # | STREET NAME | STREET TYPE | POST DIR |
| | | | |
| CITY | | STATE | ZIP |

Please allow 4 – 6 weeks for mail in applications.

ZONING ENFORCEMENT

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

PLEASE ANSWER ALL QUESTIONS:

1. Name of property owner: _____
2. Describe the business activity: _____
3. Please explain how the dwelling unit will be used in reference to this activity? _____

4. A) How many people besides yourself will be working in the dwelling unit? _____
B) Do they all live in the dwelling? _____
5. Please explain the activity in the dwelling unit:
A) Will anything be manufactured or produced on the premises? _____
B) Will any merchandise be sold at the dwelling unit? _____
C) Will any merchandise be displayed at the dwelling unit? _____
D) Will the home occupation involve auto repair? _____
E) If the answer to any of the above is "yes", please explain: _____

6. A) Please explain which room(s) of the dwelling unit will be used for this activity. _____
B) Will the room(s) to be used for this activity equal or exceed 25% of the total floor area of the dwelling unit? _____
If yes, please explain: _____
C) Will any stock in trade be stored in the dwelling unit or on the premises? _____
If "yes", will an area equal to more than 5% of the floor area of the dwelling unit be dedicated to the stock in trade? _____
7. Will the activity be conducted outside in the yard, patio or open courtyard of this dwelling unit? _____
If "yes", please explain: _____
8. A) Will there be any vehicle(s) used in connection with the home occupation? _____
B) How many such vehicles will be parked at this location? _____
C) Describe what the vehicle(s) will be used for: _____
D) Describe the size and type of vehicle(s): _____
E) Describe the anticipated deliveries or pick up by commercial vehicles to the site (number per week, type of delivery) _____
F) Will there be any other type of vehicle traffic to & from the site as result of this home occupation? _____ If "yes" explain: _____
9. Will there be external (outside) evidence of the home occupation use, such as storage, noise, dust, odors, noxious fumes, or other nuisances emitted from the premises? _____, If yes, explain: _____
10. Is the home occupation use related to health care (such as physicians or other medical occupations, counseling, nursing homes, massage, therapy, etc.)? _____

If "yes", please explain. _____

11. Is this home occupation related to adult amusement (such as a companion or escort service)? _____

12. Will there be a sign placed on the premises relating to the home occupation use? _____ If yes, follow the restrictions provided below:

1. It shall not exceed one square foot in area.
2. It is non-illuminated.
3. It must be affixed to the façade of the house.

NOTE: If your business involves any of the following, but not limited to: Adult Amusement, Auto Dismantler/Auto Dealership, Escort Service, Firearms, please be advised that you will be required to visit the Zoning Office located at 600 Second Street NW, 1st floor Plaza Del Sol Building, phone: (505) 924-3850.

Please read the following statement carefully before signing the application:

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

I further understand the information provided in this application is considered public information and will be published on the City of Albuquerque's website.

Applicants Signature

Telephone Number

Date

Application Check List:

- 1. Fill out entire application completely.
- 2. Enclose in an envelope the application with a check for \$35.00. Please do not enclosed cash. The t fee (\$35.00) is non-refundable.
- 3. Mail to: City of Albuquerque, Planning Department, Attn: Business Registration, P.O. Box 17, Albuquerque, NM 87103 or deliver in person to City Code Enforcement, Plaza Del Sol Bldg., 600 2nd Street. This is on the corner of 2nd Street and Roma Street NW.

-----Please Do Not Write Below This Line-----

OFFICE USE ONLY

ZONING OFFICE APPROVAL

ZONE: _____

APPROVED

MAP: _____

DISAPPROVED

BY: _____

DATE: _____

COMMENTS: _____

