

# City of Albuquerque Official Business Registration Application

Commercial Business - Updated May 2015



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 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](mailto:businessregistration@cabq.gov).

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



**CITY OF ALBUQUERQUE  
BUSINESS REGISTRATION APPLICATION  
COMMERCIAL OCCUPATION**

Phone contact (505) 924-3890 for questions on this section or in general

**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**

**\* REQUIRED FIELDS (PLEASE PRINT)**

**OWNER INFORMATION**

<b>*OWNER NAME</b>			
<b>* STREET #</b>	<b>*STREET NAME</b>	<b>*STREET TYPE</b> <small>(e.g. Ave, St, Dr, etc)</small>	<b>*POST DIR</b> <small>(e.g. NE)</small>
<b>*CITY</b>	<b>*STATE</b>	<b>*ZIP CODE</b>	
<b>*PHONE</b>	<b>*E-MAIL</b>		
	<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		
<b>*STATE TAX ID # (CRS #)</b>	<b>*OWNER TYPE</b>		

**COMPANY INFORMATION (DBA)**

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

**MAILING ADDRESS**

**MAILING ADDRESS (IF DIFFERENT FROM ABOVE):**

<b>STREET #</b>	<b>STREET NAME</b>	<b>STREET TYPE</b> <small>(e.g. Ave, St, Dr, etc)</small>	<b>POST DIR</b> <small>(e.g. NE)</small>
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	

***Please allow 2-4 weeks processing for mail in applications.***

**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.**

**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 of Albuquerque Business Registration, Plaza Del Sol Building, 600 2<sup>nd</sup> St NW (on the corner of Lomas and 2<sup>nd</sup> Street), or Mail to:  
City of Albuquerque  
Planning Division  
Attn: Business Registration  
PO Box 17  
Albuquerque, NM 87103

**FIRE ENFORCEMENT**  
Phone contact – (505) 924-3611 for questions on this section.

**PLEASE ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

1. Will your place of business require remodeling or renovations? ...  No  Yes  
If “yes”, will you be submitting plans for any required permits (Building, Elect., Mech. etc.)? ...  No  Yes
2. Will hazardous materials be stored, used or dispensed at this business? ...  No  Yes  
If “yes”, Material Safety Data Sheets will be required to be submitted for review.
3. Will flammable / combustible liquid be stored or dispensed at this business? ...  No  Yes  
If “yes”, what Class of flammable/combustible liquid will be used in what quantities? \_\_\_\_\_
4. Check the box that BEST classifies your Business Occupancy?  
 Assembly Occupancy e.g. Restaurant, Bar, Church etc. Occupant Load for Building? \_\_\_\_\_  
 Educational e.g. Schools, Kindergartens, Nursery Schools.  
 Health Care e.g. Residential Care, Nursing Homes, Hospitals.  
 Residential e.g. Hotels, Motels, Apartments, Board and Care facilities.  
 Mercantile e.g. Department Stores, Retail Stores etc.  
 Business e.g. General Offices, Doctors Offices, Banks etc.  
 Industrial e.g. Factories, Gas Stations, Auto Repair Shops, Paint & Body Shops etc.  
 Storage Facilities e.g. Warehouses, High Piled Storage, Truck Terminals etc.  
 Day Care e.g. Child Day Care, Adult Day Care, Home Day Care etc.
5. What is the square footage of the building or space where the business is located? \_\_\_\_\_

**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. Will there be any outdoor storage or activity associated with the business? ...  No  Yes  
 If yes, explain: \_\_\_\_\_
4. Is this activity a new use for this location? ...  No  Yes  
 If yes, what was the previous use?: \_\_\_\_\_
5. If this activity is a restaurant:
  - What is the total seating capacity?  
\_\_\_\_\_
 Will there be outside seating? ...  No  Yes  
 If yes, is the seating located in the public right of way? ...  No  Yes; *additional permit is required.*
6. Is there adequate off street parking designated for your use? ...  No  Yes
  - How many spaces? \_\_\_\_\_
7. Will the business be an adult amusement establishment, adult book store, adult photo studio or adult theater as defined in section 14-16-1-5 of the zoning code? ...  No  Yes; *additional information and review required.*
8. Are there any existing signs on the premises of your building? ...  No  Yes
9. Do you intend to repaint any existing signs or install any new ones? ...  No  Yes; *add'l permits required*

**NOTE: If your business involves any of the following you will be required to visit the Code Enforcement Division Permit Counter located at 600 2<sup>nd</sup> St NW, Ground Floor:**

- **Adult Amusement**
- **Auto Dealer/Dismantler**
- **Escort Service**
- **Sexually Oriented Business**
- **Small Loan/Title Loan Business**

**Please read the following before signing the application:**

I understand that a "Permit" shall be obtained from the Fire Marshal's Office prior to engaging in any activity that requires such pursuant to the City of Albuquerque Fire Code. Registering a business does not constitute a waiver of any requirements of the City of Albuquerque Fire Code or provisions of any other Ordinance or Law.

I further understand that my signature indicates that all of the information contained on this application is true and correct, and that Zoning approval of this commercial occupation is dependent upon me abiding by all the regulations found in the City of Albuquerque Comprehensive Zoning Code [Article XVI of Chapter 14 of the 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.**

X \_\_\_\_\_  
**Applicant Signature Telephone Number Date**

-----OFFICE USE ONLY-----

**ZONING OFFICE APPROVAL**

ZONE: \_\_\_\_\_

APPROVED

MAP: \_\_\_\_\_

DISAPPROVED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**FIRE MARSHALL APPROVAL**

PERMIT REQUIRED?  NO  YES

INSPECTION REQUIRED?  NO  YES

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_