

VILLAGE OF LOS RANCHOS DE ALBUQUERQUE

HOME OCCUPATION PERMIT

Incomplete applications will not be processed.

NAME _____

ADDRESS _____

Los Ranchos de Albuquerque, NM 871 _____

TELEPHONE (505) _____ CELL _____ FAX _____

BUSINESS NAME: _____

NM CRS # _____

NAME GROSS RECEIPTS ARE PAID UNDER _____

APPLICANT IS (Check one) Individual Partnership Corporation LLC

If Corporation NMSCC# _____

BUSINESS WEBSITE: _____

Does the State of New Mexico require a license for this occupation yes no

If yes, a current copy of license must accompany permit application.

TYPE OF BUSINESS: _____

NUMBER OF VEHICULAR TRAFFIC (Clients, buyers, etc). INCREASE PER DAY: _____

LIST ANY EQUIPMENT: (Trucks, heavy equipment, trailers, etc.) _____

DESCRIBE ARRANGEMENTS FOR MERCHANDISE STORAGE: _____

NATURE OF ANY EXPLOSIVE, FAMMABLE, TOXIC, OR HAZARDOUS MATERIALS (Paint, lacquer, cleaning supplies, etc.) _____

LIST OUTSIDE ACTIVITIES: _____

NUMBER AND TYPE OF EMPLOYEES: _____

SIGNS REQUESTED: (Sign permit required): _____

A diagram must accompany application showing area and percentage of home used in Home Occupation Business.

Please initial:

_____ Every home occupation permittee shall comply with all federal, state, county, and municipal laws, and regulations applicable to permitted occupations and the failure to do so shall constitute grounds for revocation.

_____ Each home occupation requires an annual permit fee of \$15.00 and a business license of \$35.00, for a total of \$50.00. Public Notice is required.

_____ All home occupations must abide by the regulations of the zone in which the home is located.

_____ Upon request by the Planning Director, the permittee shall completely and fully cooperate with any investigation of any complaint or suspected code violation, including allowing a complete on premises inspection by Village designated personnel.

I swear that the above information is true and correct to the best of my knowledge. I have read the Home Occupation Ordinance and agree to the conditions and terms contained therein.

_____ Print Name

_____ Signature

Jurat

STATE OF NEW MEXICO)

COUNTY OF BERNALILLO)

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20__

BY: _____

My Commission Expired: _____

Notary Public

Do not write below this line

Date _____ Check _____ (cash) Receipt # _____ Amount _____

HO # _____ TYPE _____

STAFF INITIALS: _____