



Town of Bernalillo

"The City of Coronado"

Mayor
Jack Torres

Council
Tina Dominguez
Marian A. Jaramillo
Dale R. Prairie
Ronnie A. Sisneros

Business License Checklist

ALL THE FOLLOWING COMPONENTS ARE NEEDED TO COMPLETE BUSINESS LICENSE APPLICATION WITHIN 7-10 BUSINESS DAYS.

- Completed in full Business License Application** (ordinance #165)
 - \$35 fee for calendar year, January – December
 - \$45 for late renewals (after January 31st)
- Tax Account Status Document** with a status of **"In Compliance"** (ordinance #260)
 - *Directions for accessing this information can be found on the next page*
- State Licenses** or Health Department Permits, if applicable:
 - Examples include:
 - Auto Mechanic License
 - Barbers License
 - Construction License
 - Doctoral License
 - Electrician License
 - Etc.

If your business has an alarm system on premises, you will also need to complete:

- Alarm User Permit Application (ordinance #227)
 - \$10 for one-year registration fee

The most efficient way for your Business License Application to be completed is with **fees paid in cash, check, or money order**. We do accept credit cards (Visa, MasterCard, Discover), however processing does not take place until the very end of the license application process.

FEES for BUSINESS LICENSE APPLICATION and ALARM USER PERMIT must be TWO SEPEARATE TRANSACTIONS.

*Make checks or money orders payable to: **Town of Bernalillo***

If any documents are missing, this may delay the application process.

Business Licenses will be either mailed to the listed business mailing address or picked up from Bernalillo Town Hall.

Instructions on Obtaining Tax Account Status Document

You will need to enter the following information:

- ❑ **CRS ID Number**
- ❑ **5-Digit Zip Code**
- ❑ **Last 4 digits of FEIN or SSN or ITIN**
used to apply for CRS ID Number

Step 1: Go to the following website:

<https://tap.state.nm.us/tap>

LOG IN

LOGON

Without Logging On

Apply for a CRS ID

Check CRS Status

View CRS Location Rates

Update My Employer ID

Step 2: Click on **“CHECK CRS STATUS”** under **Businesses**

Step 3: Fill in required information on **next page**

Press *Next*

Press *Submit*

The following page will be

CRS Tax Account Status Form with the following information:

- Company Name
- NM CRS ID
- Status - **MUST HAVE A STATUS OF “IN COMPLIANCE”**
- Date of Status
- Status confirmation number

CONFIRMATION

CRS Tax Account Status Form

Company Name : Doe Rae Me

NM CRS ID : 00-000000-00-0

Status : **Your CRS account is IN Compliance**

Date of Status : 1/9/2017

Status confirmation number is: 0-000-000-000

Print Confirmation Page

Step 4: Click on

“PRINT CONFIRMATION PAGE”

Printed copy of CRS Tax Account Status Form must be attached to Business License Application

TOWN OF BERNALILLO

Business Registration Application

Due by **JANUARY 31st** of each Calendar Year
!!!Please Print or Type!!!

1. NAME OF BUSINESS: _____ Bus. Phone: _____

a) Mailing Address: _____

City: _____ State: _____ Zip: _____

b) Location of Business: _____ Bernalillo, NM 87004
(Street Address Only, No P.O. Boxes)

2. NAME OF APPLICANT: _____ Home Phone: _____

a) Mailing Address: _____

City: _____ State: _____ Zip: _____

3. NEW MEXICO CRS I.D. NUMBER: 0 - _____ - 0 0

ALL BUSINESSES MUST PROVIDE A CURRENT COPY OF THE CRS TAX ACCOUNT STATUS FORM PROVIDED BY THE NEW MEXICO TAXATION AND REVENUE DEPARTMENT.

4. NATURE OF BUSINESS: _____

a) Number of Employees at this location: _____

b) Ownership Type: _____ Individual _____ Partnership _____ Corporation

c) Registration Type: _____ New Business **OR** _____ Renewed Business

Copies of all required Licensures must be attached to this application i.e....Barber, Food Service

SIGNATURE: _____ **DATE:** _____

PLEASE PRINT NAME: _____

E-MAIL ADDRESS: _____

FOR OFFICE USE ONLY (within this box)

\$ _____ **\$35.00** Business Registration Fee is payable to the Town of Bernalillo with application
The Business Registration Fee cannot be prorated for a partial year.

\$ _____ **\$10.00** Late Fee is due if renewal is after **JANUARY 31st** of each calendar year.

\$ _____ Amount Received.

Receipt Number # _____

Received By: _____

Date Received _____

Business License # _____

Approved By: _____

Sandoval County Questionnaire

The following information has been requested by the Sandoval County Business Development Office. They are requesting this information to better track the growth and business type that is present in the county. For more information, please contact the Sandoval County Business Development Office at (505)867-8687.

1. Is this business:

a. _____ New b. _____ Change of Location c. _____ Home Based

2. Does your business derive over 51% of its income from outside the state of New Mexico?

a. _____ Yes b. _____ No

3. Please describe your business:

4. NAICS Code Number (see list below): _____

(please visit census.gov/eos/www/naics for more information)

11	Agriculture, Forestry, Fishing, & Hunting
21	Mining, Quarrying, & Oil/Gas Extraction
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale Trade
44-45	Retail Trade
48-49	Transportation & Warehousing
51	Information
52	Finance & Insurance

53	Real Estate, Rental, & Leasing
54	Profession, Scientific, & Technical Services
55	Management of Companies & Enterprises
56	Administrative, Support, Waste Management, & Remediation Services
61	Educational Services
62	Health Care & Social Assistance
71	Arts, Entertainment, & Recreation
72	Accommodation & Food Services
81	Other Services (except Public Administration)
92	Public Administration

BERNALILLO POLICE DEPARTMENT

739 Camino del Pueblo
P.O. Box 638
Bernalillo, New Mexico 87004
(505) 771-5872 Fax: (505) 867-2308



TOM ROMERO
Chief of Police

ALARM USER PERMIT APPLICATION
ANNUAL PERMIT FEE: \$10.00

DATE: _____ PERMIT RENEWAL _____ NEW PERMIT _____ PERMIT# _____

THIS FORM IS TO BE COMPLETED BY THE INDIVIDUAL WHO HAS CONTROL OF THE PROPERTY WHERE THE ALARM IS INSTALLED. PLEASE RETURN COMPLETED FORM TO THE POLICE DEPARTMENT.

NAME OF BUSINESS/RESIDENCE: _____

ADDRESS: _____

PHONE: BUSINESS/HOME _____ CELL _____

IF THIS IS A BUSINESS, PLEASE LIST THE BUSINESS HOURS: _____ to _____.

MAILING ADDRESS:

NAME: _____

ADDRESS: _____

PHONE: HOME _____ CELL _____ OTHER _____

ALARM LOCATION (if different from above)

ADDRESS: _____

ALARM COMPANY NAME (monitored systems): _____

ALARM COMPANY PHONE: _____ DOES YOUR ALARM MONITOR CALL POLICE? _____

EMERGENCY CONTACTS (those persons with access to the alarm who are willing to respond if needed to turn off or reset the alarm. If no emergency contacts are listed, the person(s) listed above will be contacted to respond if needed.)

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

PLEASE BE AWARE THAT IF AN OFFICER REQUESTS A RESPONSIBLE PARTY TO RESPOND, SOMEONE MUST RESPOND TO THE ALARM LOCATION WITHIN A REASONABLE AMOUNT OF TIME (WITHIN 15-20 MINUTES).

Effective January 1, 2007

FOR INTERNAL USE ONLY (THIS WILL ALSO SERVE AS YOUR RECEIPT OF PAYMENT)

CASH _____ CHECK # _____ MONEY ORDER # _____

1 yr. REGISTRATION _____ 2 yr. REGISTRATION _____

PERMIT EXPIRATION DATE: _____

*If you do not have an alarm, please consider submitting this form; it would help to our officers to have emergency contact information for after-hours calls.
Revised January 1, 2011/ July 18, 2011/January 5, 2012/November 12, 2012*