



BUSINESS REQUIREMENTS FOR CITY OF ANTHONY, NM

COMMERCIAL BUILDING/ COMMERCIAL ZONING

- 1) SITE PLAN LAYOUT
- 2) PARKING LAYOUT
- 3) FIRE INSPECTION-(575)-647-7921
- 4) ANY FEDERAL / STATE LICENSE REQUIRED
- 5) RENTAL CONTRACT FROM LANDLORD
- 6) CITY BUSINESS LICENSE APPLICATION
- 7) CRS-TAX ID-(575)-524-6225

HOME OFFICE / BUSINESS

1. 1 EACH 5 LB. FIRE EXTINGUISHER
2. CITY CODES OFFICER PHYSICAL INSPECTION INSIDE OF PROPERTY OF OFFICE SPACE
3. PARKING LAYOUT
4. SITE PLAN
5. CITY BUSINESS LICENSE APPLICATION
6. CRS-TAX ID-(575)-524-6225
7. FIRE INSPECTION-(575)-647-7921

FOOD RELATED BUSINESS

- 1) HEALTH DEPARTMENT CERTIFICATION
- 2) RENTAL CONTRACT FROM LANDLORD
- 3) STATE INSPECTION OF MOTOR VEHICLE
- 4) PROOF OF MOTOR VEHICLE INSURANCE
- 5) CITY BUSINESS LICENSE APPLICATION
- 6) FIRE INSPECTION-(575)-647-7921
- 7) CRS-TAX ID-(575)-524-6225

TEMPORARY OUTSIDE SALES LICENSE-PER DAY \$10.00

- 1) CRS-TAX ID-(575)-524-6225
- 2) TEMPORARY BUSINESS VENDOR LICENSE APPLICATION
- 3) NOTORIZED LETTER OF PERMISSION OF SITE USE FROM PORPERTY OWNER



CITY OF ANTHONY

820 HWY 478 Anthony, New Mexico
88021

(575) 882-2983 Office / (575) 882-2978
Fax www.cityofanthonym.com

BUSINESS REGISTRATION

New businesses must submit business registration fee before engaging in business. An application must be completed for each business and there is a \$40.00 fee for each business location (\$100 food truck). The fee is for the calendar year (January 1-December 31), and is not prorated. Renewing business fees are due by January 31st, if paid after this date; a delinquent penalty of \$20.00 per month will be incurred. Business certificates are not issued until all fees due are paid. To cancel this business or change ownership, please contact the City Clerk.

Site Specified Vendors: \$5.00/day

Application Instructions: Type or print clearly in black ink only.

State Taxpayer ID#:	Individual <input type="radio"/>	Partner <input type="radio"/>	Corporation <input type="radio"/>
Name of Applicant/Owner/ Partners/Corporation:			
Name of Business:		Type of Business:	
Mailing Address:			
Physical Location(s) of Business:			
Are hazardous material stored or used in your business: Yes <input type="radio"/> No <input type="radio"/> If yes , an Inventory/Disclosure form must be completed and attached.			
Doña Ana County Parcel #:			
Applicant:		Phone:	Date:
for Neighborhood Services Dept only			
Date:	Business Open Date:		Zoning District:
Initial Application <input type="radio"/>	Renewal: <input type="radio"/>	Vendor: Itinerate <input type="radio"/>	Address Change <input type="radio"/>
Home Occupation - Major <input type="radio"/> Minor <input type="radio"/>	Application Fees:		Approved <input type="radio"/> Denied <input type="radio"/>



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Storage of Hazardous Materials/Chemicals

Facility Inventory Form

Failure to complete and submit this document will result in the denial of your business registration. If you require additional information in completing the form, please call the Office of Doña Ana County Emergency Management at 575-647-7900.

BUSINESS/FACILITY NAME	OWNER/MANAGER
TYPE OF BUSINESS	
PHYSICAL ADDRESS	MAILING ADDRESS
BUSINESS PHONE #	EMERGENCY CONTACT #

- A. 1. Does your business have an Evacuation Plan? Yes _____ No _____
2. Does your business have an OSHA Hazard Communication Standard Program? Yes _____ No _____
3. Does your business use, store, manufacture, dispose or dispense hazardous materials/chemicals? Yes _____ No _____
4. Does your business dispose of hazardous materials/chemicals? Yes _____ No _____
(If yes, give method of disposal and final disposal destination)

5. Is your business required to submit an EPA Risk Management Plan? Yes _____ No _____

- B. 1. Please list all chemicals or hazardous materials which are used, sold, or stored at your business. (Attach additional sheet if necessary)

Gasoline (above ground) _____/gal Gasoline (below ground) _____/gal

Diesel (above ground) _____/gal Diesel (below ground) _____/gal

Provide the name and how close in feet your chemical storage area is to any:

NAME	DISTANCE	NAME	DISTANCE
SCHOOL		HOSPITAL	
RESTAURANT		STORE	
RESIDENCE		OTHER	

PLEASE COMPLETE OTHER SIDE

ITINERATIVE VENDOR APPLICATION SITE PLAN

SITE PLAN:

By signing below, I affirm that all of the information provided to apply for a Itinerate Vendor's License/Itinerate Street Vendor Permit is true and correct and I agree to comply with Ordinance #2011-01 and all of the City of Anthony rules, regulations and ordinances.

Applicant Signature

Date

--FOR NEIGHBORHOOD SERVICES DEPARTMENT ONLY--

DIRECTOR OF NEIGHBORHOOD SERVICES	ZONING APPROVAL
APPLICATION FEE	CLERK'S RECEIPT #
RECEIVED BY	PERMIT #
NAME OF EVENT	START DATE/TIME
	END DATE/TIME

Revised by: Eddie Salazar-11/14/2022