

Rio Arriba County Planning & Zoning Department

Gabriel Boyle Director

Angel Garcia Assistant Director

Lodgers Business Registration Application

County Business Registration No.			
Registration Type:	OR Renewal		
NM Tax ID/CRS No. (Required):		GRT	
Name of Business:		-	
Business Owner:			
First	Middle	Last	
Applicant Name:			
First	Middle	Last	
Physical Address of Business:	treet City	State 2	Zip
Mailing Address of Business:	,	State 2	≥ib
	City	State 2	Zip
Owner Email Address:			
Business Phone: ()	Mobile Phone: ()		
Description of Business:			
How long is the duration of each stay	expected to be?		
Will the operation of this business res	sult in an increase in the volume o	of traffic entering the pro-	nerty's
driveway?		or traine entering the pro-	perty 5
If the property is located within Rio A Business Personal Property Do	rriba County, this application is sectoration. Please contact the Asse	•	
Annual Registration Fee (Please rev	all businesses and covers the full		*
The fee is non-prorated. The annual r		• ` `	,
-	curring the \$35.00 fee for the following the submitted		
Planning & Zoning Department to eit	mer cancer my business registration	on or report a change of t	ownership.
Please ensure all required fields are co By signing, I acknowledge that the info without an authorized signature.		complete. This document	t is invalid
Signature of Applicant:		Date:	
Planning & Zoning Approval:		Date:	