



Town of Mesilla, New Mexico, P.O. Box 10, Mesilla, NM 88046  
Phone (575) 524-3262; Fax (575) 541-6327

### BUSINESS REGISTRATION APPLICATION FOR MESILLA SPECIAL EVENTS

This business registration is valid from March 15, 2010 through March 14, 2011. Pending approval by the individual event organizer, it may be used for **SPECIAL EVENTS** held in the Town of Mesilla. Applicant must submit a **\$35.00 fee** prior to engaging in business. Please make check payable to Town of Mesilla.

*PLEASE PRINT*

Today's Date: \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

\*Type of Business (What products and/or services do you sell?): \_\_\_\_\_

CURRENT NEW MEXICO CRS TAX ID NUMBER: \_\_\_\_\_

**PLEASE NOTE: The location code for reporting gross receipts taxes earned in the Town of Mesilla is 07-303. The current tax rate is 7.6875% as of July 2009. To obtain a NM CRS Tax ID number, contact the NM Taxation and Revenue Department, 2540 El Paseo, Bldg. 2, Las Cruces, NM 88001; (575) 524-6225.**

\*Food and beverage vendors must obtain a food and beverage service permit from the State of New Mexico Environment Department at least 10 working days in advance: 1170 N. Solano, Suite M, Las Cruces, N.M. 88001; 575-524-6300.

**Applicant hereby states under oath that all statements and representations made in this application are true and valid.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**EVENT (Check all that apply):**

Border Book Festival: \_\_\_\_\_

Cinco de Mayo: \_\_\_\_\_

Diez y Seis de Septiembre: \_\_\_\_\_

Dia de Los Muertos: \_\_\_\_\_

For the Love of Art: \_\_\_\_\_

Other(s): \_\_\_\_\_

For questions about the SPECIAL EVENT business registration, please contact Town of Mesilla Special Events Coordinator Kristie Medina at (575) 524-3262 ext. 116 or [kmedina\\_tom@comcast.net](mailto:kmedina_tom@comcast.net).

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**FOR OFFICE USE ONLY**

Check # or Cash: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Staff Initials: \_\_\_\_\_