



**Office of the Taos County Clerk
105 Albright Street Suite D
Taos, New Mexico 87571**

**COUNTY OF TAOS
Lodging Establishment**

APPLICATION

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

OWNER'S NAME: _____

NEW MEXICO CRS IDENTIFICATION NUMBER: _____

TOTAL NUMBER OF ROOMS, UNITS, AND/OR SPACES AVAILABLE FOR
LODGING: _____

USUAL SCHEDULE OF RATES CHARGED: _____

OTHER SERVICES PROVIDED: (Please check all that apply)

Restaurant _____

Liquor/Package Sales _____

Liquor/Bar Sales _____

Cleaning & Laundry Service _____

Curio Shop _____

Other _____

DO YOU HAVE LODGER'S WHO ARE RESIDENTS THAT LEASE/RENT FOR AT
LEAST THIRTY(30) CONSECUTIVE DAYS?

YES _____

NO _____

IF YES, NUMBER OF ROOMS AFFECTED: _____

I hereby certify that the above information is true and correct.

Signature

Title

DATED: _____