



The City of Ruidoso Downs Short-Term Rental Application

Which applies to your business? New business _____ New owner _____ Renewal _____

Owner's Name: _____

Mailing Address: _____

Phone: _____ Email: _____ Driver's license: _____ DOB: _____

Business Name: _____ Business Address: _____

Phone: _____ Type of Business: _____

Emergency Contact: _____ Phone: _____

Email of Emergency contact: _____ Agency (of applicable): _____

Number of Max Occupants: _____ Number of parking spaces: _____

Form of Business: Sole Proprietorship Partnership LLC Corporation

Days of operation (7 day a week): _____ Hours of operation: _____

NM State Tax ID#: _____

(Can be obtain <https://tap.state.nm.us/TAP/#1>)

I hereby certify that the above information is correct and to the best of my knowledge.

Signature of Applicant

Print Name

Print Title

Date

OFFICIAL USE ONLY

Fire Inspection: _____

Building Inspection: _____

Planning and Zoning: _____

Official Use Only:

Fee paid _____ Cash: _____ Credit: _____ Check: _____ Date Paid: _____

Bus Lic# _____ Lodger's Tax Application: _____