

29553

**CRUCES BUSINESS LICENSE & REGISTRATION APPLICATION**  
Crucos NM 88004 Office at 700 North Main Street - City Hall (575) 541-2287

State Tax ID Number: 03-303555-005

Application Type: New  Change of Location or Use \_\_\_\_\_ Renewal \_\_\_\_\_

Anticipated Start Date: OCTOBER 23, 2014

Name of Business: WILLIAM H. RICHARDSON, MD, P.C.

DBA (if different than business name) SAME

Physical location of Business: 3900 EAST LOHMAN AVENUE, STE B, LAS CRUCES, NM Zip: 88011

Mailing Address: 5240 EAST KNIGHT DRIVE, #112 City: TUCSON State: AZ Zip: 85712

Business Owner's Name (if corporation, name of CEO/President) WILLIAM H. RICHARDSON, MD

Business is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC

Corporation \_\_\_\_\_ Non-profit Organization

Business Phone: (520) 323-9682 OR 575-520-0534 other contact number: nicole fuchs

Type of Business (describe): Practice of medicine 575-520-0534

Business location is: \_\_\_\_\_ Home based  Commercial \_\_\_\_\_ Mobile

**BUSINESS & PROPERTY INFORMATION**

Number of Employees (include owner): 4 Days of Operation: Anticipated Monday through Friday

Sq. Footage of Building: 4,000 sq ft Hours of Operation: Anticipated 8:00 am to 5:00 pm

On site contact name and number: William H. Richardson, MD (520) 323-9682 \* please call on-site clinic admin first - 575-520-0534

- Will there be/is there outside storage? Y  N
- Will there be/is there an outside retail sales area? Y  N
- Does the business sell aerosol spray paint in can? Y  N
- Does the business sell tobacco products? Y  N

APPLICANT'S SIGNATURE: [Signature] DATE: October 23, 2014

BY ACCEPTING THIS APPLICATION, THE CITY DOES NOT GUARANTEE APPROVAL OF THE APPLICATION.

<b>OFFICE USE ONLY</b>	Date Rec'd: <u>10-23-14</u>	Received by: <u>TLB</u>
CLC Receipt #: <u>2398803</u>	Cash/Credit/Check #: <u>1759</u>	Amount: <u>35</u>
<b>Building Department Approval</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Fire Department Approval</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
Inspected by: _____ Date: _____	Inspected by: _____ Date: _____	
<b>Zoning Approval</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
Reviewed by: _____ Date: _____		
Issued - By: _____ Cert #: _____ Date: _____	White - File	Yellow - other review
	Pink - Fire	

County Parcel ID: 02- Zoning: \_\_\_\_\_

4-D10-134-024-4170