



Tax Administration Division

Form 211 Business Registration Application

(Print or Type in Black Ink only)

***Indicates a required field**

| | | | | |
|--|---------|------------------|---------------|----------|
| *Taxpayer Name: _____ (Company Name or DBA) | | | | |
| *Mailing Address: _____ | | | | |
| | Address | City | State | Zip Code |
| *Principle Business Location: _____ | | | | |
| | Address | City | State | Zip Code |
| *Primary Business Telephone Number: (____) ____ - ____ Fax: (____) ____ - ____ | | | | |
| *Business Email/Website (If applicable): _____ | | | | |
| *Primary Contact: _____ | | | | |
| | Name | Telephone Number | Email Address | |
| *Contractor's License No. (If applicable): _____ *NMTRD CRS ID No.: _____ | | | | |

| | | |
|---|---------------------------------------|--------------------------------|
| *Type of Ownership (check one) | | |
| Corporation | Limited Liability Company (LLC) | Individual/Sole Proprietorship |
| Government | Non Profit Organization (Type: _____) | Partnership (Type: _____) |
| Tribal Member Owned Business (Tribe: _____) | | Other: _____ |
| *List Owners, Partners, Corporate Officers (Attach additional pages as needed) | | |
| Name: _____ | Name: _____ | |
| Title: _____ | Title: _____ | |
| Phone: (____) ____ - ____ | Phone: (____) ____ - ____ | |
| Email: _____ | Email: _____ | |
| Tribal ID No. (if applicable) _____ | Tribal ID No. (if applicable) _____ | |

| | | |
|------------------------------|------|---------|
| *Method of Accounting | Cash | Accrual |
|------------------------------|------|---------|

| |
|--|
| *Give a brief description of the type of business you will conduct within the Pueblo of Laguna: _____ |
| _____ |
| _____ |

| | |
|---|--------------------|
| *I attest that the information provided within this application and any supplemental documentation attached to this application is true and correct. | |
| _____ | _____ |
| Print Name | Title |
| _____ | ____ / ____ / ____ |
| Signature | Date |

| | |
|--------------|--------------------|
| _____ | ____ / ____ / ____ |
| TAD Director | Date |