FOR OFFICIAL USE ONLY Receipt #: ______ Permit #: ______ Issued by: _____ Date: _____

CITY OF LAS VEGAS

1700 N. Grand Avenue Las Vegas, NM 87701

SHORT-TERM RENTAL PERMIT APPLICATION

(505) 454-1401

www.lasvegasnm.gov FAX: (505) 425-7335



CHECK ONE: Ne	w Permit Renewal	Change of Owner	If Closed, Date Closed	:
Business Name:		9 - 576 <u>-</u> 189		
Location Address:				
Owner's Address:	Street	City	State	Zip
	Street / P. O. Box	City	State	Zip
Owner's Contact:	Phone #	E	Email	
	Street / P. O. Box	City	State	Zip
Agent's Contact:	Phone # Email			
Square Footage of Buil	ding: Ni	umber of Floors:	Maximum Occupant	s:
Number of Sleeping Units: Number of Off-Stree		Off-Street Parking:	Number of Restrooms:	
Number of Fire Exting	uishers: Number of	Smoke Alarms:		
FEES: Standard Registration Late Penalty: Biennial Inspection Fee: Reinspection Fee: Transfer Fee: Change in Owner or Manager TOTAL:	\$100.00 - A late fee			
Owner/Applicant				
- mon applicant	Print Name	Signature		Date
Contact Person:	Print Name	Signature		Date
Las Vegas Fire Departme	ent 505-425-6321	C 1	Community Development Dept. 505-426-3314 1700 N. Grand Avenue, Las Vegas, NM 87701	
		7	Zoning Approval 505-454-1401, Ext. 1608	