

Storefront Activation Grant Program

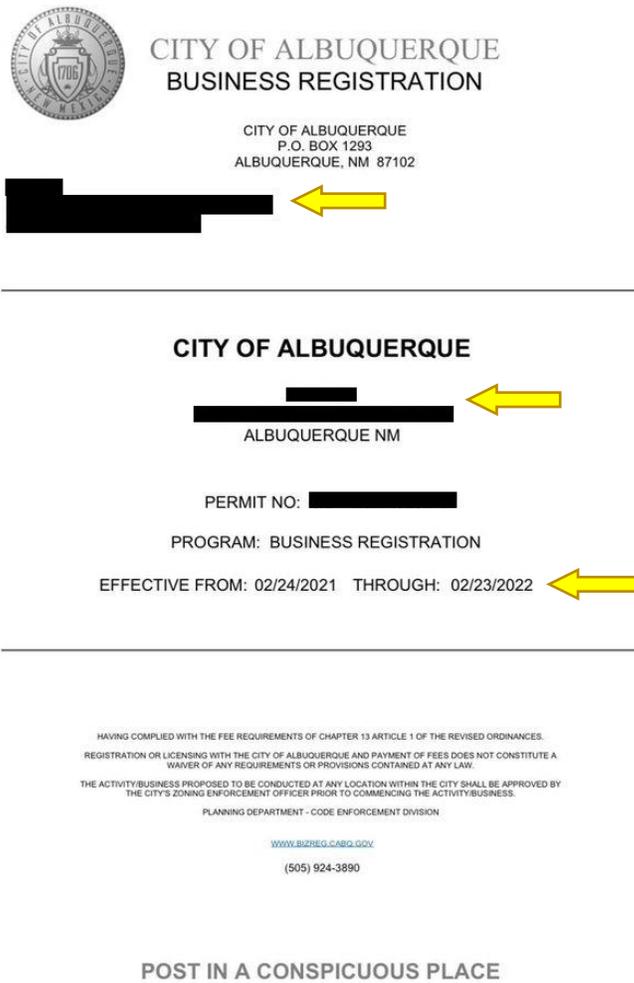
Required Documentation & Examples

Proof of Current Business Registration

Please upload ONLY proof of a current City of Albuquerque Business Registration. Accepted file type is **PDF** or image file (**JPEG, PNG**). Any other file type must first be converted to a PDF or image file type listed, then uploaded.

If you do not know if your business is currently registered with the City of Albuquerque, please visit this website to lookup your business: <https://www.cabq.gov/planning/business-registration-information/business-information-search>.

Example of Document Provided by City of Albuquerque



 CITY OF ALBUQUERQUE
BUSINESS REGISTRATION

CITY OF ALBUQUERQUE
P.O. BOX 1293
ALBUQUERQUE, NM 87102

[REDACTED] ←

CITY OF ALBUQUERQUE

[REDACTED] ←

ALBUQUERQUE NM

PERMIT NO: [REDACTED]

PROGRAM: BUSINESS REGISTRATION

EFFECTIVE FROM: 02/24/2021 THROUGH: 02/23/2022 ←

HAVING COMPLIED WITH THE FEE REQUIREMENTS OF CHAPTER 13 ARTICLE 1 OF THE REVISED ORDINANCES.
REGISTRATION OR LICENSING WITH THE CITY OF ALBUQUERQUE AND PAYMENT OF FEES DOES NOT CONSTITUTE A
WAIVER OF ANY REQUIREMENTS OR PROVISIONS CONTAINED AT ANY LAW.
THE ACTIVITY/BUSINESS PROPOSED TO BE CONDUCTED AT ANY LOCATION WITHIN THE CITY SHALL BE APPROVED BY
THE CITY'S ZONING ENFORCEMENT OFFICER PRIOR TO COMMENCING THE ACTIVITY/BUSINESS.

PLANNING DEPARTMENT - CODE ENFORCEMENT DIVISION

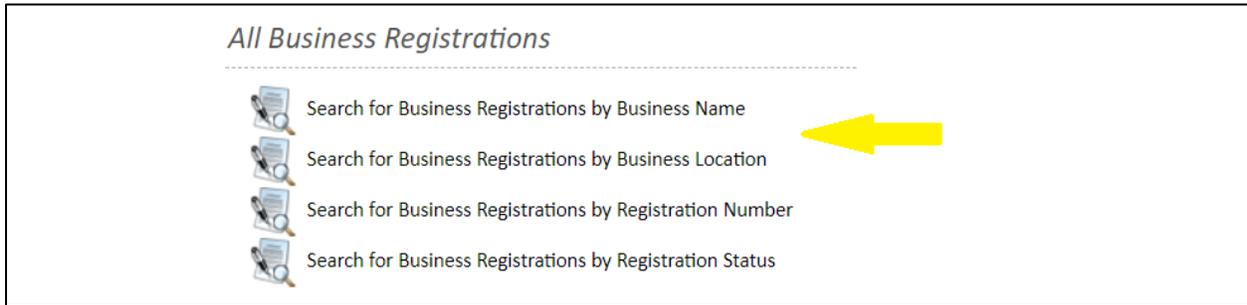
WWW.BIZREG.CABQ.GOV

(505) 924-3890

POST IN A CONSPICUOUS PLACE

What to do if you don't have this documentation:

1. Search for your business using the link above. Provide a clear screenshot like the one below showing registration status is ACTIVE, and other required information including business name and description.



Screenshot from Business Registration Search



2. If you don't find your business or its registration is expired, contact the Business Registration Team via email/telephone at businessregistration@cabq.gov / (505) 924-3890. Staff will help determine the current status of any business and/or what is necessary to return a business registration status to ACTIVE.

Proof of current Employee Levels

Qualifying Businesses must currently employ fewer than 250 Full-Time Equivalent (FTE) employees.

In order to verify employee numbers, **applicant businesses with four (4) or more FTE employees** must upload a copy of the business' most recent WC-1 Form (see sample). Information highlighted in the sample below should be clearly legible.

- Acceptable upload formats include **PDF**, and **scanned copies** of original documents uploaded as image files (JPG, PNG).

Sample WC-1 Form

RPD-41054
Rev. 08/2010

STATE OF NEW MEXICO
TAXATION AND REVENUE DEPARTMENT
WC-1 - WORKERS' COMPENSATION FEE FORM

Beginning with calendar quarter ending September 30, 2004, the quarterly workers' compensation fee paid on Form WC-1 increased from \$4 to \$4.30 per covered worker (employee). Only the employer's share increased. See the instructions for details.

WHO MUST FILE: Every employer who is covered by the Workers' Compensation Act, whether by requirement or election, must file and pay the New Mexico Workers' Compensation Fee and file Form WC-1. See the instructions for requirements.

***IMPORTANT:** On Line 1, enter the number of workers (employees) to whom the Workers' Compensation Fee applies. This is the number of covered employees you employed on the last working day of the calendar quarter. If you have no covered employees, enter zero.

WHEN TO FILE: The Workers' Compensation Fee is due on or before the last day of the month following the close of the report period. A report period is a calendar quarter ending March 31, June 30, September 30 and December 31.

Upon completion of this form, sign, date and enter your phone number and E-mail address on the form. Make the check or money order payable to Taxation and Revenue Department.

Mail the bottom portion of this form with payment to **New Mexico Taxation and Revenue Department, P.O. Box 2527, Santa Fe, NM 87504-2527**. Retain the top portion for your records. For assistance call (505) 827-0832.

A. FEIN:	REPORT PERIOD:
B. CRS:	Beginning (mm-dd-yy) Ending (mm-dd-yy)
C. EAN:	
NAME:	
STREET/BOX:	
CITY, STATE, ZIP:	

1. *Number of covered workers at close of report period	1.	
2. Assessment fee	2.	\$
3. Penalty	3.	\$
4. Interest	4.	\$
5. Total due	5.	\$

PLEASE CUT AND INCLUDE THE BOTTOM PORTION WITH YOUR PAYMENT
RETAIN THE UPPER PORTION FOR YOUR RECORDS

WORKERS' COMPENSATION FEE (WC-1)

A. FEIN:	REPORT PERIOD:
B. CRS:	Beginning (mm-dd-yy) Ending (mm-dd-yy)
C. EAN:	
NAME:	
STREET/BOX:	
CITY, STATE, ZIP:	

1. *Number of covered workers at close of report period	1.	
2. Assessment fee	2.	\$
3. Penalty	3.	\$
4. Interest	4.	\$
5. Total due	5.	\$

Check if amended

Signature _____ Phone _____ Date _____ E-mail address _____

Mail to: Taxation and Revenue Department, P.O. Box 2527, Santa Fe, NM 87504-2527 **WKC**

Applicant businesses with fewer than four (4) FTE employees which are not required to pay a Workers' Compensation Fee are required to upload the most recent payroll report of the business to affirm employee numbers.

CABQ Modified W-9 Form for business/entity (provide template)

The City of Albuquerque requires any entity receiving funds to be registered as vendors using a W-9 form (see example below). Complete and print a W-9 form from the program website – be sure to sign it before uploading. When completed, upload the signed W-9 form along with the application and other required documents.

 		Request for Supplier Information	Substitute Form W9 Department of Finance and Administrative Services
SECTION 1: CONTACT INFORMATION AND TAXPAYER IDENTIFICATION NUMBER			
NAME (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
BUSINESS NAME/ disregarded entity name, if different from above.			
PRIMARY ADDRESS (number, street, and apt or suite no)		REMITTANCE ADDRESS (number, street, and apt or suite no)	
CITY, STATE, and ZIP CODE		REMITTANCE CITY, STATE, and ZIP CODE	
PHONE		EMAIL ADDRESS	
SOCIAL SECURITY NUMBER		OR	EMPLOYER IDENTIFICATION NUMBER
New Mexico CRS TAX ID (if applicable)			
TAX CLASSIFICATION (check only one) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR or single-member LLC <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LIMITED LIABILITY COMPANY- Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 501(C)(3)NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER (SEE INSTRUCTIONS)			
EXEMPTIONS (codes apply to certain entities, not individuals; see instructions) EXEMPT PAYEE CODE (if any) EXEMPTION FROM FATCA REPORTING CODE (if any)			
SECTION 2: BUSINESS DEMOGRAPHICS (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Local Business - Headquartered and maintains its principal office and place of business within the Greater Albuquerque Metropolitan Area (City of Albuquerque or Bernalillo County). <input type="checkbox"/> Doing Business Locally - Either not headquartered or does not maintain its principal office and place of business here, but maintains a storefront in the Greater Albuquerque Metropolitan Area and employs one or more City of Albuquerque or Bernalillo County residents. <input type="checkbox"/> Woman Owned Business - At least 51% owned and controlled by one or more women, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more women. <input type="checkbox"/> Minority Business Enterprise (MBE) Owned - At least 51% owned and controlled by one or more racial/ethnic minorities or, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more racial/ethnic minorities. Please specify the race/ethnicity of minority owners (question to the right). <input type="checkbox"/> LGBTQ+ Owned Business - At least 51% owned and controlled by one or more LGBTQ+ individuals, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more LGBTQ+ individuals. <input type="checkbox"/> None of the Above Categories Apply			
If your business is MBE-owned, please specify the race/ethnicity of minority owner(s). Check all that apply: <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian-Indian American <input type="checkbox"/> Asian-Pacific American			

Executed LOI or 2-Year Lease for Qualifying Space

All Storefront Grant Applications must include a proof of an executed Letter of Intent (LOI) or lease agreement between landlord and tenant that specifies commitment to occupy the storefront space for at least a 2-year term.

LOI or lease must also include:

- Total square feet being leased, and the per-square-foot cost being applied
- Total expected monthly rent amount, before any grant funding or other funds

Upload the full LOI or lease agreement with the application and other required documentation.