



SANTA CLARA PUEBLO TAX ADMINISTRATION
BUSINESS REGISTRATION RENEWAL/ UPDATE FORM

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Santa Clara Business License Number

Business Name

| | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Change the Business Registration Status: | <input type="radio"/> ACTIVE <input type="radio"/> CLOSED | Effective Date: ____/____/____ |
|--|---|-----------------------------------|

Please list which tribal entity you will be conducting business with: _____

Please list the location(s) where you will be conducting business: _____

| |
|---|
| Briefly Describe Nature of your Business: |
|---|

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|--|
| Describing the changes to your business license information: |
|--|

☐ No Changes will be made at this time.

GRT Payments *Check one of the boxes to indicate how your business is going to pay GRT.*

| Business Name | Name (Print) | Title |
|---------------|--------------|-------|
| | | |
| | | |

____: The Business I represent will pay gross receipts taxes directly to the State of New Mexico using the location code _____, for _____ County.

____: The Business I represent will pay gross receipts taxes directly to Santa Clara Pueblo using the location code _____, for _____ County. We understand our GRT payments are due on or before the 25th of each month by close of business 4:00 p.m.

I declare that the information reported on this form and supplemental pages(s) is true and correct.

Email Address: _____

| | | |
|--------------------|-----------|------|
| Print Name & Title | Signature | Date |
|--------------------|-----------|------|

| | | |
|---|-----------|----------------------------|
| SCP Tax Administration Rep. | Signature | Date |
| (Office Use Only) Received on: ____/____/____ | | Renew Date: ____/____/____ |