

21164-20 - FULL CIRCLE HEALTH CENTER

Menu Reports Help

File Date: [09/30/2020](#)

Application Status: [Closed](#)

Application Detail: [Detail](#)

Application Type: [Business Registration License](#)

Address: [210 W LAS CRUCES Ave, LAS CRUCES](#)

Owner Name:

Owner Address:

Application Name: [FULL CIRCLE HEALTH CENTER](#)

Parcel No: [4-007-135-163-159](#)

Contact Info: Name Organization Name Contact Type Contact Primary Address Status

Ruth E. Romo FNP, Inc	Ruth E. Romo FNP, Inc	Applicant	Business, 210 W LAS CR...	Active
---------------------------------------	---------------------------------------	-----------	---	--------

Total Fee Assessed: [\\$0.00](#)

Total Fee Invoiced: [\\$0.00](#)

Balance: [\\$0.00](#)

Custom Fields: LICENSE INFORMATION

Existing license
[Yes](#)

Existing License Number
[21164-20](#)

Existing License Expiration Date
[10/30/2021](#)

LICENSE CHANGE INFO

Has any of your license information changed?
[No](#)

Previous location
-

Has the Business/Taxpayer Type changed?
[No](#)

Have you changed your Firm Name/DBA?
[No](#)

Has the Business Category changed?
[No](#)

Has there been a change of Ownership?
[No](#)

Anticipated start date at new location
-

Previous Business/Taxpayer Type
-

Previous Firm Name/DBA
-

Previous Business Category
-

Has your physical place of business changed/relocated?
[No](#)

New location
-

New Business/Taxpayer Type
-

New Firm Name/DBA
-

New Business Category
-

GENERAL INFORMATION

Business Category
[Commercial Business](#)
7 or more children

Commercial or Home Occupation
[Commercial](#)

Start Date
[10/22/2010](#)

State Tax ID Number (CRS)
[03-201148-002](#)

Firm Name
[FULL CIRCLE HEALTH CENTER](#)

Sq. Footage of Building
[2000](#)

Sq. Footage of Mobile Unit
-

License Report License Number
-

Business Type
[HEALTH](#)
Food Type of Sale
-

Annual Fire Inspection
[No](#)

New Mexico State License Number

Business Activity Sector Number (NAICS)
[54 - Professional, Scientific, and Technical Services](#)

Business/Taxpayer Type
[Corporation](#)

Sq. Footage of Residence
-

On Site Contact Name
[RUTH ROMO FNP](#)

License Report Expiry Year
-

1 - 6 children

Business Description
-

Inspection Date
-

New Mexico State License Expiration Date
-

Taxpayer Name
[RUTH ROMO FNP](#)

Employees
[1](#)

Sq. Footage of area used for home occupation
-

On Site Contact phone number
[575-525-3700](#)

License Report Expiry Month
-

REQUIRED DOCUMENTS

License Certificate	Surety Bond (\$2,500.00)	Copy of State of New Mexico License
Memo to Chief of Police	Recommendation Memo from Chief of Police	Notarized Authorization for Inspection/Obtaining LCP Adult Criminal Arrest I
Proof of State Tax ID Number (CRS)	State of NM Environment Department Food Certificate or Department Approved Priority 2 Letter	LCU Commercial Liquid Waste Questionnaire
↓ IRS Notification/Status of Non-Profit Letter and/or 501(c) Certificate	\$5,000 Surety Bond	↓ Site Plan, Vehic acc and traffic flow, each off-street park space, each area de
Property Owner's Consent Letter	Affidavit that all aspects about the location are truthful	Property Owner's Notification Letter
Copy of New Mexico Liquor License	Council Action and Executive Summary	

DAYS AND HOURS OF OPERATION

Days of Operation	Hours of Operation
M-F	8-5

BUSINESS LOCATION INFORMATION

Storage	Retail Sales Area	Aerosol Spray Paint
No	No	No
Tobacco Products	GEO Code	Development Code
No	-	-
Zoning 1	Zoning 2	Flood Zone
-	-	-
Base Flood Elevation	Not in Flood Zone	-
-		

ACKNOWLEDGEMENTS

Acknowledgement of understanding and Compliance	Zoning code home occupation requirements	Date/time of acknowledgements
↓		10/03/2019

DATES

Issued Date	Expiration Date
09/30/2020	10/30/2021

Workflow Status: Task Assigned To Status Status Date Action By

License		Closed	10/11/2021	Jackie
Status				Delmuro

Condition Status: Name Short Comments Status Apply Date Severity Action By

Application Comments: View ID Comment Date

Initiated by Product: EMSE

Scheduled/Pending Inspections: Inspection Type Scheduled Date Inspector Status Comments

Resulted Inspections: Inspection Type Inspection Date Inspector Status Comments