

CITY OF HOBBS

BUSINESS REGISTRATION
200 E. Broadway
Hobbs, NM 88240
(575) 397-9200

THIS LICENSE EXPIRES 12/31/2023

Business Registration
Original Copy

2023

BUSINESS NAME & MAILING ADDRESS

FREEDOM CARE
NM MEDICAL OFFICES, LLC
1601 N TURNER ST
STE 420
HOBBS, NM 88240

OWNER NAME

MUNRO, F.
C/O READY-OFFICE LEASING, LLC
1716 CAPITOL AVE
STE 100
CHEYENNE, WY 82001

Physical Address 1601 N TURNER ST

By: 
City Clerk

POST IN A CONSPICUOUS PLACE

NON-TRANSFERABLE

Registration Number	00021499
Issue Date	05/09/2023
Expiration Date	12/31/2023
Category	PROFESSIONAL SERVICES
Type	PHYSICIAN/DENTIST/COUNSELOR
State Tax ID	XXXXXXXX 0009
Phone Number	575-205-8555



Total Paid \$25.00

KEEP THIS COPY
FOR YOUR
RECORDS

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CITY OF HOBBS

Official Use Only

Class 110

Bill # 30253

License # 00021499

BUSINESS REGISTRATION APPLICATION
CHAPTER 5.04, HOBBS MUNICIPAL CODE

Complete and return to City of Hobbs, City Clerk's Office, 200 East Broadway, Hobbs, NM 88240. The Registration fee is \$25.00, valid for one calendar year. This license will expire December 31st of each year.

NEW MEXICO BUSINESS TAX ID #: [REDACTED]

(For Questions Regarding Tax Numbers, Please Call the NM Taxation & Revenue Dept. Office @ (866) 285-2996 and choose #2 - TAP.) (PLEASE PROVIDE PROOF OF BUSINESS TAX ID # WHEN SUBMITTING THIS APPLICATION.)

LAST FOUR OF SOCIAL SECURITY # ___ ___ ___ ___ and/or FEIN or ITIN # [REDACTED]

BUSINESS INFORMATION

Name of Business NM Medical Offices, LLC

DBA Name (If Different from Name of Business) ~~New Mexico Medical~~ Freedom Care

Physical Location of the Business 1601 N. Turner St., Suite 420, Hobbs, NM 88240
(If Business Is Located Outside City Limits, No Business Registration Will Be Issued.)

Mailing Address 1601 N. Turner St., Suite 420, Hobbs, NM 88240

Phone No. 575-205-8555

Type of Business:
private medical practice

Is this New Ownership of an Existing Business? No [checked] Yes ___ Name _____

Is this a Temporary Business? Yes ___ No [checked] (If Yes, a Different Application Is Necessary)

Are These Goods/Wares/Merchandise New ___ or Used ___? (If Used, a Different Application Is Necessary)

BUSINESS OWNER(S) NAME

Name F. Munro c/o Ready-Office Leasing, LLC

Address 1716 Capitol Ave., Suite 100, Cheyenne, WY 82001

Phone No. 575-205-8555

Email Address offices@professional123.com

Is business a partnership? If yes, complete the following:

Name _____

Address _____

Phone No. _____

Email Address _____

LOCAL STORE/SITE MANAGER INFORMATION

Name Sue Saker
Address 1102 N. Turner St., Suite 420, Hobbs, NM
Phone No. 575-205-8555

COMMERCIAL BUSINESS EMERGENCY INFORMATION OTHER THAN THE OWNER

Please submit the following information to be used by the Hobbs Police Department in an effort to expedite the security of your business in case of an emergency. Should this information change, please contact the City Clerk's Office at (575) 397-9200 so that we may update our files accordingly.

Emergency Contact Name Sarida Narsrin
Emergency Contact Phone Number (716) 994-5633

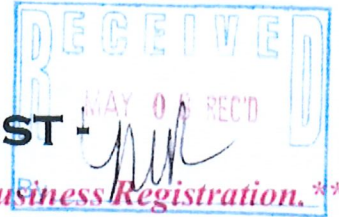
NOTICE: IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER/AGENT OR APPLICANT TO COMPLY WITH ALL CITY, STATE, AND FEDERAL CODES AND REGULATIONS. IF YOU ARE CHANGING THE USE OF AN EXISTING BUILDING, IT IS YOUR RESPONSIBILITY TO COMPLY WITH THE CODES FOR THE NEW USE OF THE BUILDING.

CHAPTER 5.04.060: ALL PERSONS PROPOSING TO ENGAGE IN BUSINESS WITHIN THE MUNICIPAL LIMITS OF THE CITY SHALL APPLY FOR AND PAY A BUSINESS REGISTRATION FEE FOR EACH OUTLET, BRANCH OR LOCATION WITHIN THE MUNICIPAL LIMITS OF THE CITY PRIOR TO ENGAGING IN BUSINESS.

BY ACCEPTING THIS APPLICATION, THE CITY OF HOBBS DOES NOT GUARANTEE APPROVAL OF APPLICATION.

Applicant Signature [Signature] Date 4/27/23

FOR OFFICIAL USE ONLY:	
Entered into MUNIS:	By: <u>[Signature]</u> Date: <u>5/9/23</u>
Date Paid: <u>5/9/23</u>	Receipt #: <u>11066-3</u> Start Date: <u>5/9/23</u>
Business Registration Issued: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	By: <u>[Signature]</u> Date: <u>5/9/23</u>
Scanned:	By: <u>[Signature]</u> Date: <u>5/9/23</u>
Comments: _____	



City of Hobbs

- BUSINESS INSPECTION CHECKLIST -

****Complete this form first. It must be approved prior to issuance of Business Registration.****

COMMUNITY SERVICES

Office: (575) 391-8158 Fax: (575) 391-3061

Email: hobbs.permits@hobbsnm.org

Name of Applicant: NM Medical Offices, LLC Phone: 575-205-8555

Business Name: NM Medical Offices, LLC Email: offices@professional123.com

Proposed Business Location: 1601 N Turner St., Suite 420, Hobbs, NM 88240

Property Owner/Landlord: NATGAS, Inc.

Property Owner/Landlord Address: 1601 N. Turner St., Suite 500, Hobbs, NM 88240

Property Owner/Landlord Phone: 575-393-6300

New Building: Yes ___ No Utilities On: Yes No ___ Restrooms: Yes No ___

Building Permit Issued: Yes ___ No Permit # _____ Certificate of Occupancy: Yes No ___

Type of Business: Office Retail ___ Restaurant ___ Day Care ___ Auto Repair ___ Barber Shop ___

Hair Salon ___ Tattoo ___ Construction ___ Oilfield ___ Tobacco ___ Cannabis ___

Home-Based Business ___ Online ___ Other: _____

NM Contractor License # _____

Will any customers be going to the business location?: Yes No ___

Will there be any business equipment, big trucks or chemicals stored at this address?: Yes No ___

If yes, please describe: There will be office equipment (computers etc.) and office cleaning supplies.

What is the service of the business?: private medical practice

APPROVAL OF APPLICATION FOR OFFICIAL USE ONLY:

Building Official Approval Yes: No: ___ By: [Signature] Date: 5/9/2023

Site Inspection Performed Yes: ___ No: By: [Signature] Date: 5/9/2023

Fire Dept. Approval Yes: No: ___ By: [Signature] Date: 5/8/2023

Site Inspection Performed Yes: No: ___ By: [Signature] Date: 5/8/2023

If Denied, Reason _____

Called Customer for Pickup Yes: ___ No: ___ By: _____ Date: _____



Taxpayer Access Point (TAP)

Confirmation

Business Taxes Account Status Form

Company Name : NEW MEXICO MEDICAL
NM Business Tax ID : [REDACTED]
Status : Your New Mexico Business Tax accounts are IN compliance
Date of Status : 5/8/2023

Status confirmation number is: 0-560-541-216.

