



CITY OF ALBUQUERQUE PERMIT

CITY OF ALBUQUERQUE
P.O. BOX 17
ALBUQUERQUE, NM 87103-0017

NM NURSE PRACTITIONER COUNCIL
PO BOX 40682
ALBUQUERQUE, NM 87196-0682
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CITY OF ALBUQUERQUE

NM NURSE PRACTITIONER COUNCIL
5719 LOST DUTCHMAN AV NE
ALBUQUERQUE, NM 87111

Facility No.: FA0023180

RECORD ID	PROGRAM DESCRIPTION	PROGRAM IDENTIFIER	Effective Dates	
			From	Through
PT0022886	Business Registration Receipt	BUSINESS REGISTRATION	06/01/2016	05/31/2017

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 IN 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.

Consumer Health Protection Division

Treasury Division

(505) 768-BILL (2455)

POST IN A CONSPICUOUS PLACE