

NM REGULATION AND LICENSING DEPARTMENT
ALCOHOL & GAMING DIVISION

MAILING ADDRESS:
PO BOX 25101 SANTA FE, NM 87504-5101

PHYSICAL ADDRESS: TONEY ANAYA BUILDING
2550 CERRILLOS ROAD, 2ND FLOOR SANTA FE, NM

PH: (505) 476-4875 FAX: (505) 476-4595
WWW.RLD.STATE.NM.US/ALCOHOLANDGAMING



**CHANGE OF OFFICER
APPLICATION**



APPLICATION FOR CHANGE OF OFFICERS

Please keep a copy of the application for your records. If you have any questions, please contact us at (505) 476-4875 or website: www.rld.state.us/alcoholandgaming

1. **Change of Officers Application, Fee \$200: Must** contain current Officer/Director information. Make sure the application is completed and signed before a notary public.
2. **Submit copy of the Corporate Report** that was submitted to SOSCBS, records must match. Officers and Directors listed on the COA should match the names of the current Officers and Directors on any inquiry done on-line at this web address: http://www.sos.state.nm.us/Business_Services/ or contact them at (505) 827-4511 or 800-477-3632 or email: corporations@state.nm.us. Corporation must be in Good Standing with the Office of the Secretary of State Business Services Division (SOSCBS).
3. **MINUTES:** You must submit a signed copy of the Minutes, verifying the election of the new Officers/Directors when you submit your Application for Change of Officers.
4. **Resident Agent, Fee \$50:** only if the current Resident Agent is replaced, a Designated Resident Agent application must be submitted. An Officer of the Corporation should appoint the Resident Agent and sign/notarize the top portion. The newly appointed Resident Agent accepts the appointment and must sign/date in front of a notary on the bottom portion.
5. **Fingerprints:** The following must be submitted for each Officer/Director/Resident Agent listed on #1 above, **only** if they have never been fingerprinted for this Agency before:
 - a. Register with 3M Cogent online at www.cogentid.com
 - b. If fingerprints cannot be done by Livescan with Cogent, must submit two fingerprint cards signed and completed (make sure all blanks are filled in).
 - c. A \$44.00 cashier's check or money order payable to 3M Cogent.
DO NOT COMBINE FEES IF YOU ARE SUBMITTING CARDS FOR MORE THAN ONE PERSON.
ONLY CASHIERS CHECK OR MONEY ORDERS WILL BE ACCEPTED MADE OUT TO 3M COGENT.
 - d. A Law Enforcement Certificate
 - e. A Personal Data Information and Affidavit Form – **Must always be submitted for every person listed on the COA and Resident Agent**
 - f. A Fingerprint Affidavit

FBI Notice for all fingerprints submitted to this agency - [Applicant Notification and Record Challenge](#)

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. (*Title 42, U.S.C., §14616, Article IV (c); Title 28 C.F.R., § 50.12 (b)*)

DESIGNATED RESIDENT AGENT PAGE:

1. As part of the application, an Applicant who is not a sole proprietor is required to submit information regarding a New Mexico resident, who is not a felon, who has the power and authority to make decisions related to liquor sales and operations and upon whom the director may serve any notice related to the operation of the license.
2. The Resident Agent form must be completed, signed, and notarized in two places.
First Section – the Appointment section, is to be completed and signed by an officer, director or a shareholder, holding a 10% interest or more, who has been fingerprint qualified. **This signature must be notarized.** In this section, the applicant will list the name of the chosen Resident Agent.
Second Section – the Acceptance section, must be completed and signed by the individual who has been designated as the Resident Agent by the Applicant. **The signature of the Resident Agent must also be notarized.**
3. The individual designated as Resident Agent must complete a Personal Information and Affidavit Form. **Note:** All entities must file a new application for Resident Agent each time there is a change in agents.
4. Each Resident Agent **MUST BE:** Fingerprinted; Hold a current Servers Certification Permit, attach a copy to application; an individual, at least 21 years of age, and at time of application; A Resident of the State of New Mexico and remain a resident of New Mexico; Cannot have been convicted of a felony or of two misdemeanor violations of the Liquor Control Act in any calendar year.

CHANGE OF OFFICER CHECKLIST

Date Received: _____ License No. _____ Type: _____ Expires on: _____

Name of Applicant: _____

D/B/A Name: _____

Location Address: _____

Mailing Address: _____

NEW OFFICERS / DIRECTORS:

OFFICERS /DIRECTORS OF RECORD:

REQUIREMENTS:

Application completed & submitted? ____ Yes ____ No Application fee? ____ Yes ____ No Amount paid \$ _____

Comment: _____

Corporation/LLC, submitted? ____ Yes ____ No Comment: _____

Copy of Meeting Minutes or Certification of Secretary, reflecting election of new officers? ____ Yes ____ No

Secretary of State records updated, and in Good Standing? ____ Yes ____ No Comment: _____

Do new Officers/Directors listed with SOS match our records? ____ Yes ____ No Comment: _____

If Applicable:

Page 5 Resident Agent? ____ Yes ____ No Comment: _____

Resident Agent Fee: \$50.00? ____ Yes ____ No Comment: _____

Resident Agent's Servers Certification # _____ Expiration Date: _____

Page 6 Personal Data Information and Affidavit completed for each? ____ Yes ____ No Comment: _____

Fingerprints submitted for each? ____ Yes ____ No Comment: _____

NAME: _____ **SS#:** _____ **FP Submitted On:** _____ **FP Cleared On:** _____ **Permit #** _____



AGD USE ONLY: Application Number: _____ Local Option District: _____

CHANGE OF OFFICERS APPLICATION

\$200.00 Fee: all fees non-refundable NM Liquor License No. _____

Corporate Name and Record Owner of Existing License: _____

Current D/B/A Name: _____

Contact Person: _____ Contact No.: _____

Email Address: _____ Fax No.: _____

Current Premises Address: _____

Mailing Address, if different: _____

CORPORATION / LLC INFORMATION

New Mexico Corporations and Limited Liability Companies must be in good standing with the Office of the Secretary of State Business Services Division (SOSBSD), and Officers/Directors listed with NMSOS should have the same names of the principal Officers/Directors that you are submitting to AGD. Principal Officers are the positions equivalent to the President, Vice President, Secretary and Treasurer, of your organization. List the names of *any Directors listed at SOSBSD*, and identify the Resident Agent.

Attach a signed copy of the Meeting Minutes reflecting the Officers/Directors elected.

Submit a Current Corporation /LLC Page: List Name, Title of the Officers and Directors, % of Stock/Interest /Contribution and addresses.

Has the Resident Agent Changed? No
 Yes, new RA application attached, and Remove: _____

NOTE: For each Officer/Director of Corporation /LLC, complete the Personal Data Information Affidavit

OATH: STATE OF NEW MEXICO, COUNTY OF _____,

I, (print name) _____, as (Title) _____

being first duly sworn upon oath deposes and says: that he/she is the applicant or is authorized by the applicant to submit this application; that he/she has read the same; knows the contents therein contained are true. Applicant(s) agree(s) that if any statements or representations herein are found to be false, the Director may refuse to issue or renew the license or may cause the license to be revoked at any time.

You must sign and date this form before a Notary Public.

Signature of Applicant: _____ Date: _____

NOTARY PUBLIC USE ONLY: (State of _____, County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____

By: _____ Notary Public: _____

SEAL

My Commission Expires: _____

FOR ALCOHOL AND GAMING DIVISION USE ONLY:

Approved Disapproved

Process by : _____ Date: _____



CORPORATION- NMSA §60-6B-2.A(4)

Name of Corporation: _____
(Attach certified copy of its Certificate of Incorporation and Articles of Incorporation. Foreign Corporations must also include a certified copy of its New Mexico Certificate of Authority.)

Date of Incorporation: _____ In what State? _____

Mailing Address of Corporate Office: _____

City: _____ State: _____ Zip: _____ Phone: _____

Provide full names and addresses of all Officers and Directors of the Corporation, also the names and addresses of all stockholders holding 10% or more in the Corporation. If a stockholder with 10% or more stock is any other legal entity, complete the appropriate disclosure page for the stockholding entity.

List: % Stock Held | Title and Name of Officers, Directors and Stockholders |**Complete Address**

List: % Stock Held Title and Name		Complete Address

USE ADDITIONAL PAGES IF NECESSARY.

Has Corporation ever had a liquor license in which it held any interest in any State suspended or revoked? No Yes, if so, provide details: _____

List every liquor license in which the Corporation holds any interest, direct or indirect: None See Attached As follows: _____

Has any principal Officer, Director or Shareholder that holds 10% or more of this Corporation ever been convicted of a felony? No Yes, detailed as follows: _____

NOTE: Each individual Applicant, Partner, Officer, Director and Stockholder of 10% or more of stock in the Corporation must submit a Personal Data Affidavit Form (page 6). All who own 10% or more must submit Fingerprints. All Managing Partners and Directors must also be Server Certified.



LIMITED LIABILITY COMPANY - NMSA §60-6B-2.A(6)

1. Name of Limited Liability Company: _____

2. Company Formed on: _____, with **copy of Operating Agreement attached.**

3. Company Registered on: _____, with a **copy of Certificate and Article of Organization attached.**

4. Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

5. **LIST ALL MEMBERS AND MANAGERS;** Names and addresses of all Members – full disclosure is required. If a Member is a Corporation, Trust, Limited Liability Company, General or Limited Partnership, complete the appropriate entity information page.

List % of Interest/Contribution | Title | Name | Complete Address

6. Has this LLC ever had a liquor license in which it held any interest in any State suspended or revoked? No Yes, if so, provide details: _____

7. List every Liquor License in which this LLC owns any interest, direct or indirect: None See Attached As follows:

1. Has any principal Officer, Director or Shareholder that holds 10% or more of this LLC ever been convicted of a felony?

No Yes, detailed as follows: _____

NOTE: Each individual Member must submit a Personal Data Affidavit form (page 6). All Members who own 10% or more must submit Fingerprints. All Managing Members must also be Server Certified.



LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP - NMSA §60-6B-2.A(5)

1. Name of Limited Partnership or General Partnership: _____
2. Date Partnership Formed (**attach copy of Partnership Agreement**): _____
3. Date Partnership Registered (**attach copy of Certificate**): _____
4. Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
5. Names and addresses of all General and Limited Partners—full disclosure is required. If General Partner or Limited Partner is a Corporation, LLC, Trust or other General or Limited Partnership, complete the appropriate entity information page.

GENERAL PARTNERS: LIST % Stock Held |Title |Name |Complete Address

LIMITED PARTNERS: LIST % Stock Held |Title |Name |Complete Address

6. Has this Partnership ever had a liquor license in which it held any interest in any State suspended or revoked? No Yes, detailed as follows: _____

7. List every liquor license in which this Partnership owns any interest, direct or indirect: None See Attached As follows: _____

8. Has any principal Officer, Director or Shareholder that holds 10% or more of this Partnership ever been convicted of a felony? No Yes, detailed as follows: _____

NOTE: Each individual General or Limited Partner, must submit a complete Personal Data Affidavit Form (page 6). All who own 10% or more must submit Fingerprints. All Managing Partners, Directors must also be Server Certified.



TRUST- NMSA §60-6B-2.A(7)

1. Name of Trust: _____

2. Trust Formed on: _____ Phone: _____

3. Mailing Address: _____ State: _____ Zip: _____

4. Names and addresses of all Trustees and each Beneficiary of the Trust – full disclosure is required, *for each Trustee and for each Beneficiary who has control over Trust property and income or who receives substantial and regular distributions from the Trust.* If a Trustee or Beneficiary is a Corporation, Limited Liability Company or a General or Limited Partnership, complete the appropriate LLC, Corporation or Partnership page(s).

LIST ALL TRUSTEES AND BENEFICIARIES

% of Interest/Contribution | Title | Name | Address

% of Interest/Contribution	Title	Name	Address

5. Has this Trust ever had a liquor license in which it held any interest in any State suspended or revoked? No Yes, detailed as follows: _____

6. List every liquor license in which this Trust owns any interest, direct or indirect: None See Attached As follows: _____

7. Has any principal Officer, Director, Trustee or Beneficiary that holds 10% or more of this Trust ever been convicted of a felony? No Yes, detailed as follows: _____

NOTE: Each individual Trustee and/or Beneficiary must submit a Personal Data Affidavit Form (Page 6), and must be Fingerprinted. All Managing Members must also be Server Certified.



AGD USE ONLY: Payment| Application Fee \$ _____ Received on: _____ Receipt No. _____

DESIGNATION OF RESIDENT AGENT – \$50.00 non-refundable fee

Name of Corp./LLC/Partnership/Trust (print) _____ Liquor License # _____

D/B/A Name: _____

KNOW ALL MEN BY THESE PRESENT that the above-named Company hereby makes, constitutes and **APPOINTS**:

(Print Appointee’s Name) _____, to act as Resident Agent on behalf of the company and accept service of process for all purposes relating to the sales and service of the alcoholic beverages, including orders and notices of the Director and/or the Division. **(Check one)**

Initial Resident Agent **Adding** another Resident Agent **Replacing** Resident Agent, remove: _____

Appointed and Submitted by an Authorized Officer of Corporation/ LLC/ Partnership/ Trust:

Sign in the presence of a Notary Public.

Signature: _____ Title _____

ACKNOWLEDGEMENT BY OFFICER APPOINTING AGENT

NOTARY PUBLIC USE ONLY: (State of _____, County of _____)

SUBSCRIBED & SWORN TO before me, this _____ day of _____, 20_____

By: _____ Notary Public: _____ SEAL

My Commission Expires: _____

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, (print name) _____, accept the appointment as Resident Agent, and by accepting this appointment hereby Certify that I am a Resident of the State of New Mexico. I am also the Resident Agent for the following New Mexico

Liquor License(s): _____, _____, _____, _____

Residence Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Alcohol Server Permit # _____ Expires on: _____, *Required to Attach Copy*

Sign in the presence of a Notary Public.

Signature of Resident Agent: _____ Date: _____

ACKNOWLEDGEMENT

NOTARY PUBLIC USE ONLY: (State of _____, County of _____)

SUBSCRIBED & SWORN TO before me, this _____ day of _____, 20_____

By: _____ Notary Public: _____ SEAL

My Commission Expires: _____

FOR ALCOHOL AND GAMING DIVISION USE ONLY: Fingerprints submitted on: _____ Cleared on: _____

Approved Disapproved

Signed by Director: _____ Date: _____



AGD use only| Fingerprints #/Received on: _____ Cleared on: _____ Server Permit# _____ Expires: _____
 Liquor License # _____ or Application # _____

PERSONAL DATA AFFIDAVIT

INSTRUCTIONS: Submit this page for Each Individual Applicant, Each Principal Officer and Director of a Corporation, Each Stockholder (individual) owning 10% or more of the stock in Applicant Corporation, Each individual Limited Liability or General Partner, Each Resident Agent for a Corporation, and Each Manager and Member of LLC with 10% or more interest. Make additional copies of this page if necessary. *Print clearly.*

First Name: _____ Last Name: _____

SS # _____ - _____ - _____ Birth Date: ____/____/____ Contact #: _____

Email Address: _____

Business Address: _____ Business Phone: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License, Issued in the State of: _____ DL No. _____

U.S. Citizenship or Citizen of: _____ Resident Alien # _____

Male Female Are you at least 21 years of age? Yes No

Are you married? Yes No *If yes*, has your spouse ever been convicted of a felony in any jurisdiction? Yes No

If yes, provide details: _____

ALIAS: If you have been known by any other name, list date and reason for other name(s). Attach additional pages if necessary.

Name(s) Used: _____ Date(s) of Change: _____

Reason for Change (such as Marriage/Divorce/Decree): _____

Have you been Convicted of a Felony? Yes No *If yes, provide details:* _____ and,

has the Governor restored your privilege to receive and hold a Liquor License? Yes, *copy attached* No N/A

Have you been convicted of two separate misdemeanor violations of the New Mexico Liquor Control Act in any calendar year?

Yes No *If yes, provide details:* _____

Have you ever had an Application for a Liquor License, in any State, suspended or revoked? Yes No *If yes, provide details:* _____

Do you directly or indirectly own any interest in a Liquor License? Yes, *the following:* _____

Yes, *see attached*, listing all License No.(s) and State(s) No

If your response is Yes to the following two questions, you need to be alcohol server certified.

1. Will you manage, direct or control the sale of alcohol? Yes No

2. Will you be present on the licensed premises on a regular basis? Yes No

You must sign before a Notary Public and ALL questions must be answered.

I, (print name) _____ swear that I have answered each question honestly, that the information provided in my responses are true and correct, and understand that if any information contained herein is false or found to be false, the Division may revoke the Liquor License issued under this Application.

Affiant Signature: _____ Date: _____

Note: For fingerprint procedures, review information provided on the website.

NOTARY PUBLIC USE ONLY: (State of _____, County of _____)

SUBSCRIBED & SWORN TO before me, this _____ day of _____, 20____

By: _____ Notary Public: _____

My Commission Expires: _____

SEAL