

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, 2<sup>ND</sup> FLOOR SANTA FE, NM

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



**CLUB- Non-Profit Organization  
CHANGE OF OFFICER  
APPLICATION**

**APPLICATION FOR CHANGE OF OFFICERS – NON-PROFIT ORGANIZATIONS**

**ALL HOLDERS OF A CLUB LIQUOR LICENSE MUST SUBMIT THIS APPLICATION WITHIN 30 DAYS OF CHANGING/REPLACING AN OFFICER.**

Please keep a copy of the application for your records. **THE FOLLOWING ITEMS ARE REQUIRED:**

1. **Page 1 -Change of Officers Application (COA)-Clubs (Non-Profit Organizations): MUST LIST current List with Titles that match those listed on NMSOS. Application must be completed by authorized officer and signed before a Notary.**
2. **NON-PROFIT CORPORATE REPORT FROM NMSOS:** SOSCBS records must match the AGD List of Officers and Directors listed on the Change of Officer Application. As listed on NMSOS website. To update/amend NMSOS listing, contact them via web address: [http://www.sos.state.nm.us/Business\\_Services/](http://www.sos.state.nm.us/Business_Services/) or at (505) 827-4511 or 800-477- 3632 or email: [corporations@state.nm.us](mailto:corporations@state.nm.us). Corporation must be in Good Standing with the Office of the Secretary of State Business Services Division (SOSCBS).
3. **MINUTES: Submit a signed copy of all Minutes**, that verify the election of the new Officers/Directors when you submit your Application for Change of Officers.
4. **PAGE 5 -RESIDENT AGENT, ONLY** if the current Resident Agent is replaced. An Officer of the Corporation should Appoint/Name replacement & 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. **PAGE 6 -PERSONAL DATA AFFIDAVIT:** Complete this page for ALL OFFICERS LISTED, including the newly appointed officers.
6. **FINGERPRINTS:** Submit 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](http://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 Affidavit – **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.

**CLUB – CHANGE OF OFFICER CHECKLIST**

Date Received: \_\_\_\_\_ License No. \_\_\_\_\_ Expires on: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**NEW OFFICERS / DIRECTORS:**

**OFFICERS /DIRECTORS OF RECORD:**

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**REQUIREMENTS, no fees for non-profits:**

Page 1 completed & submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_

Corporation/LLC, submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_

Copy of the Post-Election Report? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_

Copy of Meeting Minutes, 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’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:	FP Submitted On:	FP Cleared On:	Permit #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## CLUB - CHANGE OF OFFICERS APPLICATION

**No Fee:** Excludes non-profit organizations

NM Liquor License # \_\_\_\_\_

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: \_\_\_\_\_

### CORPORATE INFORMATION

New Mexico Non-Profit Corporations must be in good standing with the Office of the Secretary of State Business Services Division (SOSBSD), and should have the names of the principal Officers/Directors as listed below. 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. Include a signed copy of the Meeting Minutes* reflecting the Officers/Directors elected. List Name and Title of the Officers and Directors below:

OFFICERS: Name | Title

DIRECTORS: Name | Title


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

**Note:** For each Officer/Director of Corporation, complete the Personal Data Affidavit, attached

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 of Officers, Directors and Stockholders   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.**



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

**DESIGNATION OF RESIDENT AGENT – No Fee, excludes non-profit organizations**

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