

NM REGULATION AND LICENSING DEPARTMENT

ALCOHOL AND 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 STRUCTURE APPLICATION



CHANGE OF STRUCTURE APPLICATION

1. The non-refundable application fee of \$200.00, must be enclosed or the application will be returned to you. If including additional license(s), it is \$10.00 per additional license and you must include an Application Page for each License.
Keep a copy of application packet for your records.
2. Pages 1, 5, and 6 of the application must be signed and notarized.
3. Note that all supporting documentation submitted must be in the name of the **APPLICANT**. If the applicant is a Corporation, LLC, Partnership, or Trust, the Tax Registration Certificate, Leases, Deeds, Bills of Sale, etc. **must** be in the name of that entity.

PAGE 1 – APPLICATION, \$200.00 Fee

1. **Tax Registration Certificate** – A copy of the New Mexico Tax Registration Certificate (CRS Identification Number) in the name of the Applicant issued by the New Mexico Taxation & Revenue Department. Applicants may obtain this documentation at any field office, or call (505) 827-0700.
2. **Instrument of Conveyance** (Bill of Sale, Assignment, Lease, etc.), in the name of Applicant.

PAGE 3 - REQUIRED FOR CORPORATIONS/ LIMITED LIABILITY COMPANIES/ PARTNERSHIPS/ TRUSTS

Full disclosure totaling 100% is required. Each individual, Officer, Director, Member, Manager, Partner and each Shareholder applying for license must complete the **Personal Data Information and Affidavit Form**. **Each individual, Officer, Director, Member, Manager, Partner and each Shareholder who owns a 10% interest or more must be Fingerprinted.**

PAGE 5 - DESIGNATED RESIDENT AGENT, \$50.00 Fee

PAGE 6 – PERSONAL INFORMATION DATA AND AFFIDAVIT

APPLICABLE LAW:

NMSA §60-6B-6. Corporate licensees; limited partnership licensees; reporting.

A. A **corporation** that holds a license issued under the Liquor Control Act [^{60-3A-1}NMSA 1978] shall notify the director within thirty days after the occurrence of any change in the officers, directors or holders of more than ten percent of the voting stock of the corporation, giving the names and addresses of the new officers, directors or stockholders. A corporate licensee shall also notify the director immediately of a change of agent by filing a new power of attorney. The director shall by regulation define what corporate changes, including but not limited to transfer of stock, merger and consolidation, constitute transfers of ownership of corporate licenses and shall, upon making such a determination, order appropriate compliance with the Liquor Control Act, **provided that a transfer of ownership of a corporate license shall not be deemed to occur where ultimate ownership of the corporation does not change.**

B. A **limited partnership** that holds a license issued under the Liquor Control Act shall notify the director within thirty days after the occurrence of any change of general partners or of limited partners contributing ten percent or more of the total value of contributions made to the limited partnership or entitled to ten percent or more of the profits earned or other compensation by way of income paid by the limited partnership. The director shall by regulation define what limited partnership changes constitute transfers of ownership of limited partnership licenses and shall, upon making such determination, order appropriate compliance with the Liquor Control Act, **provided that a transfer of ownership of a licensee that is a limited partnership shall not be deemed to occur where ultimate ownership of the limited partnership does not change.**

C. A **legal entity** that is not a corporation or limited partnership and that holds a license issued under the Liquor Control Act shall notify the director within thirty days after the occurrence of any change in the trustees, partners, owners or members of more than a ten percent interest in the entity, giving the names and addresses of the new trustees, partners or owners. The director shall by regulation define what entity changes constitute a transfer of ownership of such entity's license and shall, upon making such determination, order appropriate compliance with the Liquor Control Act, **provided that a transfer of ownership of a licensee shall not be deemed to occur where there is no change in the ultimate ownership of the legal entity**

Please Note: The Director may require additional information or supporting documentation to complete the application.

CHANGE OF STRUCTURE/CONVERSION CHECKLIST –No Hearing/Posting

Same members converting from Corporation to LLC or from LLC to a Corporation or Sole Proprietor to LLC/Corp.

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

Applicant Name: _____

Licensee: _____

D/B/A Name: _____

Location: _____

Mailing Address: _____

REQUIREMENTS: Is License Suspended? Yes No Is it being leased? Yes No Lease Expires: _____

Tax Hold? Yes No Any Citations pending? Yes No

CHANGE MADE TO: _____

PAGE 1 COMPLETED & SUBMITTED? Yes No Application fee submitted? Yes No Amount paid \$ _____

Tax Registration Certificate in the name of Applicant? Yes No Comment: _____

Conveyance (Bill of Sale, Assignment, etc.) submitted? Yes No Comment: _____

PAGE 3A LIMITED LIABILITY COMPANY PAGE? Yes No Comment: _____

Certificate of Organization? Yes No Articles of Organization? Yes No Operating Agreement? Yes No

Certificate of Registration (for Out-of-State LLC)? Yes No Comment: _____

PAGE 3B CORPORATION? Yes No Comment: _____

Certificate of Incorporation? Yes No Articles of Incorporation? Yes No

Certificate of Good Standing? Yes No Comment: _____

Certificate of Authority (for Out-of-State Corporation)? Yes No Comment: _____

PAGE 3C PARTNERSHIP? Yes No Comment: _____

Is the Applicant a General Partnership or Limited Partnership? Comment: _____

Fully executed Partnership Agreement submitted? Yes No Partnership registered with the NMSOS? Yes No

Comment: _____

PAGE 5 RESIDENT AGENT, for Corporation, LLC, Partnership or Trust? Yes No \$50.00 Fee paid? Yes No

Name: _____ Permit # _____ Expires: _____

Comment: _____

PAGE 6 –PERSONAL DATA AFFIDAVIT, for each person requiring disclosure? Yes No

Comment: _____

%	Title Name	SS#	FPs Submitted / Cleared On:	Permit # / Expires



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

CHANGE OF STRUCTURE APPLICATION

\$200.00 Application Fee, non-refundable.

NM Liquor License # _____

Type of License: _____ Expires on: _____

Record Owner of Existing License: _____

Current D/B/A Name: _____

Current Premises Address: _____

Check appropriate boxes:

APPLYING FOR: Change of Structure Other: _____

Applicant Changing Entity:

WAS: Individual Limited Liability Company Corporation Partnership (General/Limited)

NOW: Individual Limited Liability Company Corporation Partnership (General/Limited)

APPLICANT NAME - Individual/Company: _____ ADDRESS (including city, state, zip) _____

D/B/A Name to be used: _____ Business Phone #: _____

Email Address (required): _____

Physical location where license is to be used: (Include Street # / Highway # / State Road, City, State, and Zip Code)

County of: _____

Mailing Address: _____

Are alcoholic beverages currently being dispensed at the proposed location? Yes No If Yes, License # / Type: _____

Agent/Contact Person: _____ Phone#: _____ Email: _____

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 make 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.

Sign 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

Signed by Director: _____ Date: _____



PREMISES LOCATION, OWNERSHIP, AND DESCRIPTION

NMSA §60-6B-10

1. The land and building which is proposed to be the licensed premises is: ^(check one)

Owned by Applicant, copy of deed/document attached Leased by Applicant, copy of lease/document attached

Other (provide details): _____

2. If the land and building are not owned by Applicant, indicate the following:

A. Owner(s): _____

B. Date and Term of Lease: _____

3. Premises location is Zoned *(example C-1, see Zoning Statement)*: _____,

Zoning Statement attached, which must be obtained from the Local Government, listing the proposed location by address, Type of Zone, state whether alcoholic beverages are allowed at proposed location, and if applicable, whether packaged sales, patio service and/or manufacturing is allowable. If there is no zoning in the proposed location, attach Statement from the local government, indicating there is no zoning.

4. Distance* from nearest Church: *(Property line of church to closest point of licensed premises—shortest distance)*

Name of Church: _____ Miles/feet: _____

Address/location of Church: _____

5. Distance* from nearest School: *(Property line of school to closest point of licensed premises—shortest distance)*

Name of School _____ Miles/feet _____

Address/location of School: _____

6. Distance from military installation **(Property line of military installation to closest point of licensed premises-shortest distance.)*

Name of Military Installation, ^{circle one:} Kirtland Air Force Base (Albuquerque), White Sands Missile Range (Las Cruces),
 Holloman Air Force Base (Alamogordo), Cannon Air Force Base (Clovis)

Miles: _____

7. Attach Detailed Floor Plan, must include the Total Square Footage of premises; List nearest cross street; Show which direction is North; Show each level (floor) where alcoholic beverages will be sold or consumed, exterior walls, doors, and interior walls; Patio Area with type of barrier used; Highlight Bonded Areas. The floor plan should be no larger than 8½ x 11 inches and **must be labeled** with designated areas highlighted, which will reflect the proposed Licensed Premises.

8. Type of Operation: Hotel Lounge Package Grocery Restaurant Racetrack

Small Brewer Craft Distiller Winery Wholesaler

Other (specify): _____

***NOTE:** If the distance is beyond 300 feet, but less than 400 feet, a Registered Engineer or Licensed Surveyor must complete a Survey Certificate showing the exact distance.



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.



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

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 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