

**NM REGULATION AND LICENSING DEPARTMENT**  
**ALCOHOL AND GAMING DIVISION**

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2550 CERRILLOS ROAD, 2<sup>ND</sup> FLOOR SANTA FE, NM

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[WWW.RLD.STATE.NM.US/ALCOHOLANDGAMING](http://WWW.RLD.STATE.NM.US/ALCOHOLANDGAMING)



**TRANSFER OF  
DISPENSER-TYPE LIQUOR LICENSE  
APPLICATION**



## INSTRUCTIONS FOR TRANSFER OF LIQUOR LICENSE APPLICATION

Which includes Transfer of Ownership, Transfer of Ownership and Change Location and Transfer of Location Only

1. The non-refundable application fee of \$200.00, must be enclosed or the application will be returned to you.  
**Keep a copy of the complete application packet for your records.**
2. **Checklist**, included in the packet to assist you in submitting all the required documentation. **Lease will not be approved without a copy of the Liquor License Lease, Tax Clearance and Wholesaler Debt Clearance.**
3. **Appointment of Representative** – If the applicant is represented by an attorney, broker, CPA, etc., a letter authorizing the Division to disclose information.
4. Pages 1, 5, and 6 of the application must be signed and notarized.
5. 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.
6. Require an Instrument of Conveyance (Bill of Sale, Assignment, Lease, etc.), proof of Tenancy (lease or deed) and a Tax Clearance from the Department of Taxation and Revenue.
7. **Fingerprints:** Because the Liquor Control Act does not allow for a Convicted Felon to own or be an officer on a Liquor License, this Agency requires such persons to be fingerprinted to receive the background reports from the State and Federal level.

Fingerprints are required for the Applicant and each Principal Officer/Director/Resident Agent listed, **only** if they have never submitted fingerprints to this agency before, or if there has been an arrest record, they'll need to register with Cogent online at [www.cogentid.com](http://www.cogentid.com) If fingerprints cannot be done by Livescan with Cogent, please contact AGD at (505) 476-4875 or consult AGD website for instructions.

### EXPLANATION OF REQUIRED DOCUMENTS:

#### PAGE 1 – APPLICATION

1. **Tax Clearance** – The Lessor/Current License Owner or Agent must submit this document to NM Tax and Revenue Department. This is due by final review of application.
2. **Tax Registration Certificate** – A copy of the New Mexico Tax Registration Certificate (CRS Identification Number) in the name of the Applicant (sole proprietor, Corporation, LLC etc.) issued by the New Mexico Taxation & Revenue Department. Applicants may obtain this documentation at any field office, call (505) 827-0700 or online.
3. **Purchase Agreement** – Copy of Liquor License Purchase Agreement, to include date of sale, sale price of Liquor License and signed and dated by both parties. Document must be in the name of Applicant. If purchase involves property with liquor license, include an itemized list showing the price for liquor license.
4. **Bill of Sale** – submit a copy when executed, due by final approval.

#### PAGE 2 – PREMISES, LOCATION AND DESCRIPTION

1. **Proof of Tenancy (Lease, Warranty Deed or Real Estate Contract)** – A complete copy of the fully executed Lease Agreement, Warranty Deed or Real Estate Contract, for the premise in the name of the Applicant.
  - a. The Lease Agreement must be signed by both parties (Lessor and Lessee). All Exhibits, Addendums to Lease Agreement, Amendments to Lease Agreement, or Subleases must accompany the Lease Agreement.
  - b. If Lease Agreement does not address Permitted Use of the service of alcohol on the premises, you must submit an Addendum permitting this use.
  - c. The Warranty Deed must be a filed and recorded copy.
2. **Zoning Statement** – A copy of the Zoning Statement for the proposed premises, must be current/within one year of application date, issued by the Local Governing Body, on official letterhead. Contact your city or county clerk for contact information for the zoning office in your area. The Zoning Statement **must include each of the following:**
  - a. The complete physical address of the proposed establishment.
  - b. Zoning type (example: C-1, Commercial).
  - c. A Statement regarding Permitted Use for the type of liquor license being applied for. (example: On-premises consumption of alcohol is a permitted use within this zone; with or without Patio Service permitted; Sale of packaged alcohol for off-premises consumption permitted use).

3. **Detailed Floor Plan** – A Floor Plan for the proposed premises, showing the entrances/exits, kitchen, storage, sale, service, and consumption areas. All areas must be completely labeled. Submit legible Plan, that may be hand-drawn or architect drawing, on an 8½ x 11” sheet of paper **for each floor**. Please DO NOT submit blueprints. Drawing must indicate:
  - a. Name of Applicant, Physical Address and clearly mark which direction is North.
  - b. Location of the main street in relation to the licensed premises.
  - c. Label Floor Plan, include Bonded Areas and show Storage areas and Manufacturing areas; Layout must show the entrances, exits, and storage areas.
  - d. List Total Square Footage, including Patio, if applicable (example: 2,500 square feet or 2,000 +500 patio =2,500).
  - e. Show any and all Patios and/or Outside Areas, indicate how they are permanently enclosed to prevent alcohol from leaving the premises. Label the type of enclosure used and the height, **include photos**. (example: 6 foot adobe wall with 5 foot wood gate).
4. **Photos** – include Interior of premises, manufacturing/location/storage of alcohol, and Exterior /patio and fencing, if applicable.

**Only if proposed premises is between 300 and 400 feet of the nearest church or school, you will need:**

5. **Surveyor’s Certificate** – A certified copy of the Surveyor’s Certificate (Plat), showing the measurement from the nearest point of the proposed premises to the nearest point of the church or school property line. All measurements should be taken by shortest direct line.
- or,**
6. **Waiver** – A copy of the approved Waiver from the Local Governing Body, on official letterhead.
  7. **Opinion Letter** – Obtain a Letter, on official letterhead, from the Church or School in question, indicating whether or not they object to the application and/or issuance of a liquor license at the proposed location.

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

Full disclosure totaling 100% is required. Each individual, Principal Officer, Director, Member, Manager, Partner and each Shareholder holding 10% or more, applying for license must complete the **Personal Data Affidavit form**. **Each individual, Principal Officer, Director, Member, Manager, Partner and each Shareholder who owns a 10% interest or more must be Fingerprinted**. All Owners that run operations, on site Managers, Managing Members and Resident Agents must obtain or maintain a valid Alcohol Server Certification Permit.

**PARTNERSHIP:**

1. **Partnership Agreement** – A complete and fully executed Partnership Agreement.
2. **Certificate of Partnership** – A Certificate of Partnership issued by the Secretary of State’s Office (if applicable).

**CORPORATION**

1. **Certificate of Incorporation** – A copy of the Certificate of Incorporation.
2. **Articles of Incorporation** – A filed copy of the Articles of Incorporation and any amendments thereto.
3. **Certificate of Good Standing** – A copy of the Certificate of Good Standing. The Division will obtain this document from the Public Regulation Commission. The corporation **MUST** be in good standing.
4. **Certificate of Authority** – A copy of the Certificate of Authority for all Foreign Profit Corporations (out-of-state).

**LIMITED LIABILITY COMPANY**

1. **Certificate of Organization** – A copy of the Certificate of Organization.
2. **Articles of Organization** – A filed copy of the Articles of Organization and any amendments thereto.
3. **Operating Agreement** – A complete and fully executed Operating Agreement listing all members and managers including percentages of interest owned by each and any amendments thereto.
4. **Certificate of Registration** – A copy of the Certificate of Registration for all Foreign Profit Companies (out-of-state).

**PAGE 4 – TRUST**

1. **Trust Agreement** – A complete and fully executed Trust Agreement shall be provided for In-Camera Review by the Division. It should not be attached to the application, only brought in by Applicant for review.

## **PAGE 5 – DESIGNATION OF RESIDENT AGENT, \$50.00 Fee**

1. An Applicant who is not a sole proprietor is required to submit information regarding a New Mexico resident, who is not a felon, to act 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.
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 Data 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.

## **PAGE 6 – PERSONAL DATA AFFIDAVIT**

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 or General Partner, and each Resident Agent for a Corporation, and each Manager and Member of LLC with 10% or more interest.

As part of the application, EACH individual, Principal Officer, Director, and Shareholder who owns a 10% interest or more, applying for license must complete the Personal Data Affidavit Form.

All Owners, on site Managers and Resident Agents must obtain or maintain a valid Alcohol Server Certification Permit. Everyone who sells or serves alcohol in the state of New Mexico is required to obtain a permit by taking a New Mexico approved Alcohol Server Education class. This includes all Bartenders, Waiters, Managers, Liquor License Owners, Convenience or Grocery Store Clerks, and the Designated Resident Agent for the License.

## **PAGE 7 – SUNDAY SALES**

Sunday Sales by the drink and/or package are only permitted in those local option districts in which Sunday Sales have been approved by the voter. **Sunday Sales by the Drink, Fee: \$100.00 Sunday Sales by the Package, Fee: \$100.00**

## **PAGE 8 – WHOLESALER DEBT CLEARANCE**

1. The Lessor/Current License Owner or Agent must complete this form.
2. The Lessor/Current License Owner or Agent must circulate this statement among all LIQUOR WHOLESALERS who have provided alcoholic beverages to the licensee and obtain certification that all debts owing have been paid or satisfactory arrangements for payment have been made. After obtaining Wholesalers signatures, the Original document must be signed on the last page by authorized person and submitted to our office.
3. This is due by final review of application.

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

## **APPLICABLE NEW MEXICO LAWS AND REGULATIONS:**

**NMSA 60-6B-2. Applications. G.** An application for transfer of ownership shall be filed with the department **no later than thirty days after the date a person acquired an ownership interest in a license.** It shall **contain the actual date of sale of the license** and **shall be accompanied by a sworn affidavit from the owner of record of the license agreeing to the sale of the license** to the applicant as well as attesting to the accuracy of the information required by this section to be filed with the department. A license shall not be transferred unless it will be placed into operation in an actual location within one hundred twenty days of issuance of the license, unless for good cause shown the director grants an additional extension for a length of time determined by the director.

**TRANSFER OF OWNERSHIP**

Date Received: \_\_\_\_\_ License # \_\_\_\_\_ Type: \_\_\_\_\_ Application # \_\_\_\_\_

Hearing: \_\_\_\_\_ LOD: \_\_\_\_\_ Sent: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

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

Contact Person/Agent: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**CLEARANCE:** Licensee: \_\_\_\_\_

Is the License Suspended?  Yes  No Tax Hold?  Yes  No

Are Citations pending against the license?  Yes  No Comment: \_\_\_\_\_

Is this an Inter-Local Transfer?  Yes  No Note: Canopy and Lottery Licenses *can't* leave LOD

Is License being Leased?  Yes  No Lease Expires: \_\_\_\_\_

**PAGE 1** completed & submitted?  Yes  No Comment: \_\_\_\_\_

Application **Fee \$200.00 paid?**  Yes  No Comment: \_\_\_\_\_

Tax Clearance from TRD been submitted?  Yes  No Comment: \_\_\_\_\_

Tax Registration Certificate, in Applicant's name?  Yes  No Comment: \_\_\_\_\_

Purchase Agreement, in Applicant's name?  Yes  No Comment: \_\_\_\_\_

Bill of Sale, in Applicant's name?  Yes  No Comment: \_\_\_\_\_

**PAGE 2** PREMISES, LOCATION AND DESCRIPTION?  Yes  No Comment: \_\_\_\_\_

Lease or Deed for the Premises in Applicant's name?  Yes  No Comment: \_\_\_\_\_

Zoning Statement for the premises?  Yes  No Comment: \_\_\_\_\_

Floor Plan?  Yes  No Total Square Footage for the premise? \_\_\_\_\_ Comment: \_\_\_\_\_

Is there a Patio?  Yes  No Enclosed by 3ft Barrier/Description of Barrier? \_\_\_\_\_ Contiguous \_\_\_\_\_

POSTING CERTIFICATE: To Agent: \_\_\_\_\_ Posted On: \_\_\_\_\_ Expires at midnight on: \_\_\_\_\_

Is Surveyor's Certificate required?  Yes  No Has it been submitted?  Yes  No Comment: \_\_\_\_\_

Is a Waiver required?  Yes  No Has an Approved Waiver been submitted?  Yes  No Comment: \_\_\_\_\_

**PAGE 3A** LIMITED LIABILITY COMPANY?  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

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?  Yes  No Registered with Secretary of State's Office?  Yes  No

**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

**PAGE 7** SUNDAY SALES by the Drink?  Yes  No SS by Drink allowed in this area?  Yes  No **\$100 Fee?** \_\_\_\_\_

Sunday Package Sales?  Yes  No SS by Package allowed in this area?  Yes  No **\$100 Fee?** \_\_\_\_\_

**PAGE 8** WHOLESALERS STATEMENT OF DEBT CLEARANCE ?  Yes  No Balance due to Wholesalers?  Yes  No

**TRANSFER OF OWNERSHIP and CHANGE OF LOCATION**

Date Received: \_\_\_\_\_ License # \_\_\_\_\_ Type: \_\_\_\_\_ Application # \_\_\_\_\_  
Hearing: \_\_\_\_\_ LOD: \_\_\_\_\_ Sent: \_\_\_\_\_  
Applicant: \_\_\_\_\_  
D/B/A Name: \_\_\_\_\_  
Location: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Contact Person/Agent: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**CLEARANCE:** Licensee: \_\_\_\_\_  
Is the License Suspended? \_\_\_ Yes \_\_\_ No Tax Hold? \_\_\_ Yes \_\_\_ No  
Are Citations pending against the license? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Is this an Inter-Local Transfer? \_\_\_ Yes \_\_\_ No Note: Canopy and Lottery Licenses *can't* leave LOD  
Is License being Leased? \_\_\_ Yes \_\_\_ No Lease Expires: \_\_\_\_\_

**PAGE 1** completed & submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Application Fee submitted? \_\_\_ Yes \_\_\_ No Amount paid \$ \_\_\_\_\_ Comment: \_\_\_\_\_  
Tax Clearance from TRD been submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Tax Registration Certificate, in Applicant's name? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Purchase Agreement, in Applicant's name? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Bill of Sale, in Applicant's name? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_

**PAGE 2** PREMISES, LOCATION AND DESCRIPTION? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Lease or Deed for the Premises in Applicant's name? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Zoning Statement for the premises? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Floor Plan? \_\_\_ Yes \_\_\_ No Total Square Footage for the premise? \_\_\_\_\_ Comment: \_\_\_\_\_  
Is there a Patio? \_\_\_ Yes \_\_\_ No Enclosed by 3ft Barrier/Description of Barrier? \_\_\_\_\_ Contiguous \_\_\_\_\_  
POSTING CERTIFICATE: To Agent: \_\_\_\_\_ Posted On: \_\_\_\_\_ Expires at midnight on: \_\_\_\_\_  
Is Surveyor's Certificate required? \_\_\_ Yes \_\_\_ No Has it been submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
Is a Waiver required? \_\_\_ Yes \_\_\_ No Has an Approved Waiver been submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_

**PAGE 3A** LIMITED LIABILITY COMPANY? \_\_\_ 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  
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? \_\_\_ Yes \_\_\_ No Registered with Secretary of State's Office? \_\_\_ Yes \_\_\_ No

**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

**PAGE 7** SUNDAY SALES by the Drink? \_\_\_ Yes \_\_\_ No SS by Drink allowed in this area? \_\_\_ Yes \_\_\_ No **\$100 Fee?** \_\_\_\_\_  
Sunday Package Sales? \_\_\_ Yes \_\_\_ No SS by Package allowed in this area? \_\_\_ Yes \_\_\_ No **\$100 Fee?** \_\_\_\_\_

**PAGE 8** WHOLESALERS STATEMENT OF DEBT CLEARANCE ? \_\_\_ Yes \_\_\_ No Balance due to Wholesalers? \_\_\_ Yes \_\_\_ No  
Revised 5/16

**TRANSFER OF LOCATION**

Date Received: \_\_\_\_\_ License No.: \_\_\_\_\_ Type: \_\_\_\_\_ Renewed: \_\_\_\_\_

Application No.: \_\_\_\_\_ Hearing: \_\_\_\_\_ LOD: \_\_\_\_\_ Sent: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Licensee: \_\_\_\_\_

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

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

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

**REQUIREMENTS:** Is the License suspended?  Yes  No Are there any Holds?  Yes  No  
Citations pending against the license?  Yes  No Comment: \_\_\_\_\_  
Is it being leased?  Yes  No Lease Expires: \_\_\_\_\_ Canopy: \_\_\_\_\_  
Transferred?  Yes  No

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

Application Fee submitted?  Yes  No Amount paid \$ \_\_\_\_\_

**Page 2** completed & submitted?  Yes  No Comment: \_\_\_\_\_

Lease or Deed for the Premises in the Name of Applicant?  Yes  No Comment: \_\_\_\_\_

Zoning Statement?  Yes  No Comment: \_\_\_\_\_

Floor Plan?  Yes  No Total Square Footage for the premise? \_\_\_\_\_ Comment: \_\_\_\_\_

Is there a Patio?  Yes  No Enclosed by 3ft Barrier/Description of Barrier? \_\_\_\_\_ Contiguous \_\_\_\_\_

POSTING CERTIFICATE: To Agent: \_\_\_\_\_ Posted On: \_\_\_\_\_ Expires at Midnight on: \_\_\_\_\_

Is Surveyor's Certificate required?  Yes  No Has it been submitted?  Yes  No

Is a Waiver required?  Yes  No Has an Approved Waiver been submitted?  Yes  No

Comment: \_\_\_\_\_

**If applicable:**

**Page 5** Designate Resident Agent, for Corporation, LLC, Partnership or Trust?  Yes  No

Has the \$50.00 fee been paid?  Yes  No Comment: \_\_\_\_\_

Resident Agent: Servers Certification # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Page 6** Personal Data Information and Affidavit, for each person requiring disclosure?  Yes  No

Comment: \_\_\_\_\_

%	Name	SS#	Date FPs Submitted	Date FPs Cleared	Server#



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

Application Number: \_\_\_\_\_ Local Option District: \_\_\_\_\_

**TRANSFER OF DISPENSER-TYPE LIQUOR LICENSE APPLICATION**

**\$200.00** Application Fee, non-refundable.

License No. \_\_\_\_\_ Type of License: \_\_\_\_\_

*Check appropriate boxes:*

**Application is for:**  Transfer of Ownership  Transfer of Ownership and Location  Transfer of Location Only

Record Owner of Existing License: \_\_\_\_\_

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

Current Premises Address: \_\_\_\_\_

Current LOD: \_\_\_\_\_ Is License moving out of Local Option District?  Yes  No

**APPLICANT IS:**  Individual  Limited Liability Company  Corporation  Partnership (General/Limited)

**NAME of 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 LOCAL OPTION DISTRICT USE ONLY:** Local Governing Body of: \_\_\_\_\_ City, County, Village

Public Hearing held on \_\_\_\_\_, 20\_\_\_\_. Check one:  Approved  Disapproved

Signature and Title of City/County Official: \_\_\_\_\_

**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,** <sup>circle one:</sup> 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**

	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



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

**SUNDAY SALES APPLICATION**

Non-transferable, fees non-refundable, check type of sales applying for:

- Sunday Sales **BY THE DRINK, with \$100 Fee**
- Sunday Sales **BY THE PACKAGE, with \$100 Fee**

Liquor License # \_\_\_\_\_ or Application # \_\_\_\_\_

(Print clearly)

1. Name of Applicant: \_\_\_\_\_

2. DBA Name: \_\_\_\_\_

3. Type of Liquor License applied for: \_\_\_\_\_

4. Physical location of licensed premises: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Local Option District (where license is located, *agency that issued your zoning statement*): \_\_\_\_\_

7. County where license is located: \_\_\_\_\_

Sunday Sales by the drink and/or package are only permitted in those local option districts in which Sunday Sales have been approved by the voter.

**Holder of a Dispenser Type License that allows sales of alcoholic beverages BY THE DRINK**, are allowed to serve between the hours of 7:00 a.m. to midnight, and may obtain a permit for the sale, service, or consumption of alcoholic beverages by the drink on a licensed premises on **Sundays, between the hours of 11:00 a.m. to midnight.**

**Holder of a Dispenser Type License that allows sales BY THE PACKAGE** of alcoholic beverages for off-premises consumption are allowed to sell between the hours of 7:00 a.m. to midnight, and may obtain a permit for the sale of alcoholic beverages in unbroken packages for off-premises consumption on **Sundays, between the hours of 11:00 a.m. to midnight.**

**NOTE: Restaurant License Holders are only allowed sales of alcoholic beverages of beer and/or wine BY THE DRINK**, between the hours of 11:00 a.m. to 11:00 p.m. or until sales and service of food ceases, whichever is earlier, may obtain a permit for the sale of alcoholic beverages by the drink on licensed premises on **Sundays, between the hours of 11:00 a.m. to 11:00 p.m.** or until sales and service of food ceases, whichever is earlier.

Applicant/Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit with appropriate fees to: Alcohol and Gaming Division, PO Box 25101, Santa Fe, NM 87504-5101

**FOR ALCOHOL AND GAMING DIVISION USE ONLY:**     Approved                       Disapproved

Signed by Director: \_\_\_\_\_ Date: \_\_\_\_\_



State of New Mexico - Taxation and Revenue Department  
AUDIT & COMPLIANCE DIVISION



**REQUEST FOR TAX CLEARANCE**

**DEPARTMENT USE ONLY**

A. Control log number

B. Date Received

**SECTION A**

Name of Taxpayer for Whom Clearance is Requested		NM Taxation & Revenue Dept. ID Number	
Doing Business as		Federal ID Number	
Street Address of Taxpayer			
Mailing Address of Taxpayer			
City		State	Zip Code
Contact Name and Title		Contact Telephone Number ( )	
Date Began Doing Business in N.M.		Date Will Cease Doing Business in N.M.	
Nature of business in New Mexico			
Type of Request	<input type="checkbox"/> Successor in Business	<input type="checkbox"/> Corporate Withdrawal/Dissolution	<input type="checkbox"/> Liquor License Clearance
Check if Business: <input type="checkbox"/> Sold Gasoline / Special Fuel <input type="checkbox"/> Sold Liquor <input type="checkbox"/> Sold Cigarettes <input type="checkbox"/> Sold Tobacco Products <input type="checkbox"/> Severed Natural Resources <input type="checkbox"/> Processed Natural Resources <input type="checkbox"/> Sold Oil	Enter Number under Item below to show which license/permit is to be transferred.		Check if any License/Permit will be: <input type="checkbox"/> Leased <input type="checkbox"/> Sold <input type="checkbox"/> Other _____
	Liquor License No.		
	Secretary of State Corporation No.		Has Liquor License been leased previously? <input type="checkbox"/> Yes (see instructions) <input type="checkbox"/> No
	Secretary of State Permit No.		
OGRID No.			

**SECTION B**

**IF BUSINESS/LICENSE/PERMIT IS TO BE OPERATED BY ANOTHER TAXPAYER GIVE NAME AND ADDRESS BELOW**

Name of Purchaser/Lessee		NM Taxation & Revenue Department ID Number	
Doing Business as		Telephone Number ( )	
Street Address			
Mailing Address			
City		State	Zip Code

**SECTION C MUST BE COMPLETED AND SIGNED**

**I declare I have examined this request and all attachments and to the best of my knowledge and belief the information is true, correct and complete.**

Printed or Typed Name		Position or Title	Company
Signature			Date

# REQUEST for TAX CLEARANCE

## GENERAL INFORMATION

Any purchaser or lessee of all or part of an existing business enterprise may request a tax clearance from the Department. Failure to request a tax clearance could subject the purchaser or lessee to liability for any taxes incurred and not paid by the seller or lessor prior to the date of the transfer.

The Department has 30 days from the date a complete and accurate tax clearance request is received from a successor in business to either issue the requested clearance, notify the purchaser of the amount of tax due from the seller, or begin an audit to determine what amount of tax, if any, is due. If an audit is begun, the period for issuing the tax clearance or notice of taxes due is extended to 60 days. If the Department fails to respond within the required time period, the purchaser is released from the obligation imposed by Section 7-1-61 NMSA 1978 to withhold part or all of the purchase price to cover any unpaid taxes.

A tax clearance request from other than a successor in business is not subject to the time limits above. Please allow at least 45 days for processing.

## INSTRUCTIONS

The Tax Clearance Request may be initiated by the seller/lessor or purchaser/lessee or a properly designated agent of either. All applicable Items in **Section A** should be completed for the entity seeking the tax clearance. Purchaser/lessee information should be provided in Items in **Section B**. No Tax Clearance Request that is incomplete, unsigned, or requested after the effective date of the transaction will be processed.

THE FOLLOWING DOCUMENTS, AS APPLICABLE, MUST BE ATTACHED TO THIS REQUEST OR IT WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED:

- ✓ A copy of the signed purchase agreement;
- ✓ A copy of the signed lease agreement;
- ✓ A copy of the liquor license suspension(s) from Alcohol & Gaming Division;
- ✓ A copy of previous Liquor License lease;
- ✓ Original document appointing another to serve as agent or authorized representative.

Please direct questions and completed request with attachments to :

Taxation & Revenue Department  
Audit & Compliance Support Office  
P.O. Box 5557  
Santa Fe, NM 87502-5557  
(505) 827-0951

### SUCCESSOR IN BUSINESS - STATEMENT OF PURCHASER

I, \_\_\_\_\_, verify that I am the Purchaser of the business named \_\_\_\_\_ . I request the Department to issue a Certificate stating that as of the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, I, as purchaser, am not liable for any taxes due to the Department by the Seller. I, as Purchaser,  have  have not placed in a trust account for the benefit of the Taxation and Revenue Department a sufficient amount of the purchase price to cover any tax due on account of the Seller. The Trust account is located at \_\_\_\_\_ in the amount of \$\_\_\_\_\_. I, Purchaser, will start business on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, doing business as \_\_\_\_\_ under New Mexico CRS Identification Number \_\_\_\_\_ - \_\_\_\_\_ -00-\_\_\_\_\_. The business address is:

Address

City

State

Zip Code

**I declare that the statement above is true and correct to the best of my knowledge and belief.**

Printed or Typed Name

Title

Signature

Date



New Mexico Regulation and Licensing Department

ALCOHOL AND GAMING DIVISION

PO Box 25101 Santa Fe, New Mexico 87504-5101

(505) 476-4875 Fax (505) 476-4595 www.rld.state.nm.us/alcoholandgaming

STATEMENT OF DEBT CLEARANCE

For the Transfer or Lease of a Liquor License, Licensee must circulate this Statement among ALL LIQUOR WHOLESALERS who have provided alcoholic beverages to the Licensee and obtain certification that all debts owing have been paid or satisfactory arrangements for payment have been made. SUBMIT ORIGINALS ONLY, PHOTOCOPIES OF THESE PAGES ARE NOT ACCEPTABLE. Revised 7/18/2016

CERTIFICATION BY WHOLESALERS:

As attested to by signing and dating below, I HEREBY CERTIFY that all debts owed by the Owner of Record or the Lessee of Liquor License No. \_\_\_\_\_ have been paid or satisfactory payment arrangements have been made, and that in the interim period prior to issuance of a license to the new owner or lessee, all sales made to this license will be on a cash basis only. It is further certified that any lien on this license has been satisfied.

Table with 3 columns and 5 rows of wholesaler information. Each row includes license number, phone number, business name, address, and fields for Print Name, Signature, and Date.

STATEMENT OF DEBT CLEARANCE

<b>#6857</b> (505) 552-0082 Guadalupe Vineyards P.O. Box 400 San Fidel, NM 87049 Print Name: _____ Signature: _____ Date: _____	<b>#6858</b> (505) 438-0945 Falcon Ventures, Inc. 3159 Plaza Blanca Santa FE, NM 87507 Print Name: _____ Signature: _____ Date: _____	<b>#6859</b> (505) 264-1656 Acequia Vineyards & Winery P.O. Box 62 Corrales, NM 87048-0062 Print Name: _____ Signature: _____ Date: _____
<b>#6862</b> (575) 627-6265 Pecos Flavors Winery 305 North Main Roswell, NM 88201 Print Name: _____ Signature: _____ Date: _____	<b>#6863</b> (505) 344-5911 Casa Rondena Winery 733 Chavez Road NW Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____	<b>#6864</b> (505) 695-0817 Don Quixote Winery 236 Rio Bravo Los Alamos, NM 87544 Print Name: _____ Signature: _____ Date: _____
<b>#6865</b> (575) 437-0602 San Tomas Vineyards / Pistachio 7320 US Highway 54-70 Alamogordo, NM 88310 Print Name: _____ Signature: _____ Date: _____	<b>#6866</b> (505) 771-0208 Casa Abril Vineyards & Winery 01 Camino Abril Algodones, NM 87001 Print Name: _____ Signature: _____ Date: _____	<b>#6867</b> (505) 259-9523 La Esperanza Vineyard, LLC HC 71 Box 1377 San Lorenzo, NM 88041 Print Name: _____ Signature: _____ Date: _____
<b>#6868</b> (575) 525-0241 Amaro Winery 2480 Roadrunner Parkway Las Cruces, NM 88011 Print Name: _____ Signature: _____ Date: _____	<b>#6873</b> (505) 228-0154 Pasando El Tiempo Winery & Vineyards 277 Dandelion Road Corrales, NM 87048 Print Name: _____ Signature: _____ Date: _____	
<b>#7034</b> (505) 988-1728 Howard A. Rubin, Incorporated 623 ½ Camino Rancheros Santa Fe, NM 87505-2837 Print Name: _____ Signature: _____ Date: _____	<b>#7097</b> (505) 345-4492 National Distributing Company Inc. 5920 Office Blvd. NE Albuquerque, NM 87109 Print Name: _____ Signature: _____ Date: _____	<b>#7098</b> (575) 762-4489 Premier Distributing Co. Clovis 1017 & 1019 East Santa Fe Blvd. Clovis, NM 88101 Print Name: _____ Signature: _____ Date: _____
<b>#7099</b> (505) 344-0287 Premier Distributing Co. Albuquerque 4321 Yale Blvd., N.E. Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____	<b>#7100</b> (505) 473-0595 Premier Distributing Co. Santa Fe 2680 Sawmill Road Santa Fe, NM 87505 Print Name: _____ Signature: _____ Date: _____	<b>#7108</b> (505) 863-6708 Premier Distributing, Co. Gallup 3524 Sonastee Gallup, NM 87107 Print Name: _____ Signature: _____ Date: _____

**STATEMENT OF DEBT CLEARANCE**

<b>#7109</b> (505) 327-6371 Premier Distributing Co. 1200 Troy King Road Farmington, NM 87401 Print Name: _____ Signature: _____ Date: _____	<b>#7110</b> (505) 792-9730 Synergy Fine Wines 149 Mountain Park Place, NW Unit B Albuquerque, NM 87102 Print Name: _____ Signature: _____ Date: _____	<b>#7119</b> (505) 424-3333 Santa Fe Brewing Company P.O. Box 29773 Santa Fe, NM 87592-9773 Print Name: _____ Signature: _____ Date: _____
<b>#7123</b> (505) 438-2500 Fiasco Fine Wine Inc. 20 Bisbee Court Santa Fe, NM 87508 Print Name: _____ Signature: _____ Date: _____	<b>#7129</b> (575) 622-0380 L & F Distributors 2200 North Atkinson Avenue Roswell, NM 88201 Print Name: _____ Signature: _____ Date: _____	<b>#7138</b> (505) 989-4104 Floating World, Inc 320 Tesuque Drive Santa Fe, NM 87505 Print Name: _____ Signature: _____ Date: _____
<b>#7139</b> (505) 344-0287 <sup>ABQ</sup> Premier Distributing Company 380 Alliance Drive Las Cruces, NM 88005 Print Name: _____ Signature: _____ Date: _____	<b>#7141</b> (505) 243-2293 Admiral Beverage Corporation 1018 South Atkinson Roswell, NM 88203 Print Name: _____ Signature: _____ Date: _____	<b>#7142</b> (505) 243-2293 Admiral Beverage Corporation 6000 South Main Street Mesilla Park, NM 88047 Print Name: _____ Signature: _____ Date: _____
<b>#7143</b> (505) 243-2293 Admiral Beverage Corporation 7 Paseo de River Santa Fe, NM 87507 Print Name: _____ Signature: _____ Date: _____	<b>#7144</b> (505) 243-2293 Admiral Beverage Corporation 1801 East Broadway Farmington, NM 87401 Print Name: _____ Signature: _____ Date: _____	<b>#7146</b> (575) 377-2337 Comanche Creek Brewing PO Box 375 Eagle Nest, NM 87718 Print Name: _____ Signature: _____ Date: _____
<b>#7147</b> (505) 231-2743 The Way of Sake 207 A North Guadalupe Street Santa Fe, NM 87501 Print Name: _____ Signature: _____ Date: _____	<b>#7150</b> (505) 344-0287 Premier Beverage 4321 Yale NE Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____	<b>#7152</b> (505) 883-9248 Favorite Brands 2500 Solano Drive NE Albuquerque, NM 87110 Print Name: _____ Signature: _____ Date: _____
<b>#7157</b> (505) 480-8643 Allison's Imports, LLC 11405 Canyonlands Road SE Albuquerque, NM 87123 Print Name: _____ Signature: _____ Date: _____	<b>#7159</b> (505) 440-9926 Vingarage 17 Bisbee Court Bldg 3 Unit H Santa Fe, NM 87508 Print Name: _____ Signature: _____ Date: _____	<b>#7163</b> (505) 247-4246 Johnson Brothers of NM 1340 Broadway Avenue NE Albuquerque, NM 87102 Print Name: _____ Signature: _____ Date: _____

**STATEMENT OF DEBT CLEARANCE**

<b>#7164</b> (505) 872-0225 La Cumbre Brewing Co. 3313 Girard Blvd, NE Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____	<b>#7165</b> (505) 690-9918 Santa Fe Boutique Wines, LLC 1517 Third Street Santa Fe, NM 87505 Print Name: _____ Signature: _____ Date: _____	<b>#7166</b> (505) 474-5301 Duel Brewing 1228 Parkway Drive Units C & D Santa Fe, NM 87507 Print Name: _____ Signature: _____ Date: _____
<b>#7167</b> (505) 243-2293 Admiral Beverage Corporation 3980 Prince Street SE Albuquerque, NM 87105 Print Name: _____ Signature: _____ Date: _____		
<b>#68001</b> (505) 620-0298 Wicked Kreations, LLC 7209 Beck Drive NE Albuquerque, NM 87109 Print Name: _____ Signature: _____ Date: _____	<b>#68002</b> (505) 867-2258 Alamito Winery PO Box 384 Bernalillo, NM 87004 Print Name: _____ Signature: _____ Date: _____	<b>#68004</b> (575) 437-7420 Coronado Lodge Vineyard 129 Cottonwood Canyon Road La Luz, NM 88337 Print Name: _____ Signature: _____ Date: _____
<b>#68005</b> (575) 387-6660 Las Nueve Ninas, LLC PO Box 26 Mora, NM 87732 Print Name: _____ Signature: _____ Date: _____	<b>#68006</b> (505) 819-3729 Santa Fe Hard Cider 137 Cottonwood Canyon Road La Luz, NM 88337 Print Name: _____ Signature: _____ Date: _____	<b>#68007</b> (505) 388-8117 Black Bandit, Inc 25 Winery Road Bosque, NM 87006 Print Name: _____ Signature: _____ Date: _____
<b>#68008</b> (505) 681-4060 Skarsgard Farms, LLC 3435 Stanford Drive NE Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____	<b>#68009</b> (575) 640-4188 Rio Grande Vineyards & Winery, Inc 1710Summertine Lane Las Cruces, NM 88005 Print Name: _____ Signature: _____ Date: _____	<b>#68010</b> (505) 579-4441 Vivac Winery PO Box 429 Dixon, NM 87527 Print Name: _____ Signature: _____ Date: _____
<b>#68011</b> (505) 867-3062 Anazasi Fields 26 Camino del los Pueblitos Placitas, NM 87403 Print Name: _____ Signature: _____ Date: _____		

**STATEMENT OF DEBT CLEARANCE**

<b>#70004</b> (505) 343-9577 Core-Mark 5600 2 <sup>nd</sup> Street NW Suite D Albuquerque, NM 87199 Print Name: _____ Signature: _____ Date: _____	<b>#70005</b> (575) 308-1567 Cottonwood Wine and Brewing 1 East Cottonwood Road Artesia, NM 88210 Print Name: _____ Signature: _____ Date: _____	<b>#70006</b> (505) 310-3213 Santa Fe Cider Works 1311 Acequia Borrada Santa Fe, NM 87507 Print Name: _____ Signature: _____ Date: _____
<b>#70008</b> (915) 491-9459 Shattuck Vineyard, LLC 1511 Ocatillo Street T or C, NM 87901 Print Name: _____ Signature: _____ Date: _____	<b>#70009</b> (505) 850-6662 Troubled Minds, Inc 3905 Simms Avenue SE Albuquerque, NM 87108 Print Name: _____ Signature: _____ Date: _____	<b>#70010</b> (575) 257-9335 Noisy Water Artwear, Inc 2342 Sudderth Drive Ruidoso, NM 88345 Print Name: _____ Signature: _____ Date: _____
<b>#70013</b> (505) 262-4717 Canteen, LLC 2381 Aztec Road NE Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____	<b>#70014</b> (505) 247-4186 Southern Wine & Spirits of NM, Inc 123 Montano Road NW Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____	<b>#70015</b> (505) 227-7001 Sawmill Brewing Company, LLC 1001 Candelaria Road NE Albuquerque, NM 87107 Print Name: _____ Signature: _____ Date: _____
<b>#70016</b> (505) 231-0632 NM Hard Cider LLC <small>Wine Wholesaler</small> 1730 Camino Carlos Rey #103 Santa Fe, NM 87504 Print Name: _____ Signature: _____ Date: _____	<b>#70017</b> (505) 243-0458 JAG Distribution, LLC 1451 12 <sup>th</sup> Street NW Albuquerque, NM 87104 Print Name: _____ Signature: _____ Date: _____	<b>#70018</b> (505) 917-4211 Southwest Wine & Spirits-ABQ, LLC 8901 Washington NE Albuquerque, NM 87113 Print Name: _____ Signature: _____ Date: _____
<b>#70020</b> (575) 317-6378 Boese Brothers Brewing 601 Gold Ave. SW Albuquerque, NM 87102 Print Name: _____ Signature: _____ Date: _____	<b>#70021</b> (575) 309-8109 Roosevelt Brewing Co. & Public House 201 South Maine Ave. Portales, NM 88130 Print Name: _____ Signature: _____ Date: _____	<b>#70022</b> (505) 507-8687 Enchanted Circle Brewing Company 20 Sage Lane Angel Fire, NM 87710 Print Name: _____ Signature: _____ Date: _____
<b>#70023</b> (915) 241-4349 Sombra Antigua Winery 430 LaVina Rd. Chamberino, NM 88027 Print Name: _____ Signature: _____ Date: _____	<b>#70024</b> (505) 220-5971 Boxing Bear Brewing Company 10200 Corrales Rd. NW, Suite A Albuquerque, NM 87114 Print Name: _____ Signature: _____ Date: _____	<b>#70025</b> (505) 401-7115 Bosque Brewing Co 8900 San Mateo Blvd, NE Suite D & E Albuquerque, NM 87113 Print Name: _____ Signature: _____ Date: _____

**STATEMENT OF DEBT CLEARANCE**

#70026 (575) 613-4722

Taos Mesa Brewing  
20 ABC Mesa Road  
El Prado, NM 87529

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATION OF CURRENT LICENSE OWNER OR AGENT:**

The undersigned hereby certifies that the Wholesalers listed above, whose signatures have been obtained, are the only Wholesalers from whom alcoholic beverages were purchased by Licensee.

CURRENT LICENSEE OR APPROVED AGENT:

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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