

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  
APPLICATION**

## INSTRUCTIONS TO APPLY FOR CLUB LICENSE – NON-PROFIT ORGANIZATIONS

### ALL HOLDERS OF A CLUB LIQUOR LICENSE MUST BE REGISTERED NON-PROFIT ORGANIZATION.

Complete: Page 1 Application, Page 2 Premises Location, Ownership and Description, Page 5 Designation of Resident Agent, Page 6 Personal Data Affidavit.

1. **CLUB Application must** list only those Officers and/or Directors involved with the management of the liquor license. Application pages must be notarized. All Officers/Directors listed on the Club License must submit a Personal Data Affidavit, be clear of any felonies and if not already submitted for AGD, must submit Fingerprints and obtain FBI Clearance and if managing or making decisions about the liquor license, must also have a valid Alcohol Server Permit.

2. Must also submit copy of the following documentation, **in the name of Applicant:**

- **Tax Registration Certificate**
- **Lease/Deed as proof of Tenancy**
- **Zoning Statement/Verification allowing sale/service of alcoholic beverages**
- **Detailed Floor Plan of Entire premises, including patio if applicable**
- **Tax Exempt Status**, a Certificate or Letter of Exemption, issued within last two years per Section 501-A IRS CODE
- **Certified copy of Certificate of Incorporation and Articles of Incorporation;** if a Foreign Corporation, must also include certified copy of New Mexico Certificate of Authority
- **Copy of By-Laws**
- **Furnish proof of its number of members**, as addressed in 15.10.54.13 NMAC, **by providing either:**
  - A.** A ROSTER OF ITS CURRENT MEMBERS, include the name, address and phone number of each member; or
  - B.** A SWORN STATEMENT BY EITHER A CERTIFIED PUBLIC ACCOUNTANT OR AN ATTORNEY, duly licensed in the state, attesting that during the preceding 12 months, the club has had no more than 250 members, based upon a personal review of the club's operations; or
  - C.** A SWORN STATEMENT BY AN OFFICER OF THE STATEWIDE OR NATIONAL NON-PROFIT ORGANIZATION associated with the club attesting that during the preceding 12 months, the club has had no more than 250 members, based upon a personal review of the club's operations.

3. **Submit copy of the Non-profit Corporate Report** that was submitted to SOSCBS, records must match. Officers and Directors listed on the COA should match the names of the current Officers and Directors on any inquiry done on-line at this web address: [http://www.sos.state.nm.us/Business\\_Services/](http://www.sos.state.nm.us/Business_Services/) or contact them at (505) 827-4511 or 800-477-3632 or email: [corporations@state.nm.us](mailto:corporations@state.nm.us). Corporation must be in Good Standing with the Office of the Secretary of State Business Services Division (SOSCBS).

4. **MINUTES:** Submit a signed copy of the Minutes, verifying the election of the new Officers/Directors.

5. **Designated Resident Agent:** Club must appoint a Resident Agent - page 6, that is responsible and will serve as the contact person for the Liquor License. An Officer of the Corporation should appoint the Resident Agent and sign/notarize the top portion of the application. The newly appointed Resident Agent accepts the appointment and must sign/date in front of a notary on the bottom portion.

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; 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.

6. **Personal Data Information and Affidavit:** Submit for each Officer, Director and Resident Agent. Ensure that ALL questions have been answered.

7. **Fingerprints required for:** The President, Vice President, Treasurer, Secretary (or equivalent) and any Officer or Director who has direct control over operating the Liquor License, and the Resident Agent, must register with 3M Cogent online at [www.cogentid.com](http://www.cogentid.com) **ONLY** if never fingerprinted for this Agency before.

### **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))



AGD USE ONLY: Payment| Application Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Receipt No. \_\_\_\_\_  
License Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Application # \_\_\_\_\_ Local Option District: \_\_\_\_\_

**CLUB LIQUOR LICENSE APPLICATION**

\$200.00 Application Fee, non-refundable.

Applicant is a Non-Profit Organization, Corporation No.: \_\_\_\_\_ Formed on: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

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

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

Email Address (required): \_\_\_\_\_

Physical location where license is to be used: (Include street number / highway number / state road, city, state, and zip code)

\_\_\_\_\_ County: \_\_\_\_\_

Contact/Agent: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

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

**NON-PROFIT INFORMATION:**

Name of club and chapter, lodge number, etc.: \_\_\_\_\_

Is Club Affiliated with National or International Organization?  Yes  No

Name of parent organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Club has been in existence for: \_\_\_\_\_ (List # of years) and was Chartered on: \_\_\_\_\_

Club is to be operated for non-profit to members:  Yes  No

Club has two hundred fifty (250) or fewer current members:  Yes, with Membership List attached  No

Club is tax exempt from payment of income tax to IRS, per Section 501-A IRS CODE.  Yes  No

(Attach current copy of Certificate or Letter of Exemption, issued within last two (2) years)

List Organization which this club supports or donates to: \_\_\_\_\_

**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
_____	_____
_____	_____
_____	_____
_____	_____

Officer List continued:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 of this Corporation ever been convicted of a felony?  No  Yes, detailed as follows: \_\_\_\_\_

**Note:** All managing members must also be Server Certified and for each Officer/Director of Corporation, complete the Personal Data Affidavit -Page 5

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.

***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 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: \_\_\_\_\_



**NON-PROFIT CLUB – 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 the sale and service of alcoholic beverages are allowed at proposed location, and if applicable, if patio service 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),  
 \_\_\_\_\_ Miles      Holloman Air Force Base (Alamogordo), Cannon Air Force Base (Clovis)

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:  Lounge     Restaurant     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.



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

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

Name of Corp.: (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: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

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



