

NM REGULATION AND LICENSING DEPARTMENT
ALCOHOL AND GAMING DIVISION

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PUBLIC SERVICE
LIQUOR LICENSE APPLICATION



INSTRUCTIONS FOR PUBLIC SERVICE LIQUOR LICENSE APPLICATION

1. The non-refundable application fee of \$200.00, and if applicable, the \$50.00 Resident Agent Fee and \$100.00 Sunday Sale by the Drink Fee, if applicable, must be enclosed. **Keep a copy for your records.**
2. **Checklist**, use to assist you in submitting all the required documentation; **submit with application.**
3. **Appointment of Representative** – If Applicant is represented by an attorney, broker, CPA, etc., include a signed/dated letter, which authorizes AGD to disclose information and allows the appointee to speak/act on behalf of applicant.
4. PAGES 1, 5, and 6 MUST BE SIGNED AND NOTARIZED.
5. Note that all supporting documentation submitted must be in the name of the **APPLICANT**. The **required documentation** such as Tax Registration Certificate, Proof of Tenancy (Lease/Deed), Bills of Sale, etc., **must be in the name of that entity.**
6. **Fingerprints <OBTAIN FINGERPRINT PACKET FROM AGD WEBSITE FOR INSTRUCTIONS AND FORMS:** 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 after date fingerprints were submitted, they'll need to register with Cogent online at 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.

REQUIRED DOCUMENTS:

PAGE 1 – APPLICATION

1. **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.
2. **Licensing Fee – \$1,250.00**, which will only be accepted at Final Review, applicant will be notified when to submit this.

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 sale, service and/or manufacturing 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 – need permission for Manufacturing, Production, Storage and Selling alcoholic beverages. (example: On-premises consumption of alcohol is a permitted use within this zone; with or without Patio Service permitted; Manufacturing permitted use; Sale of packaged alcohol for off-premises consumption permitted use).

ENTITY PAGE 3 - REQUIRED

Full disclosure totaling 100% is required. Each individual, Official, Principal Officer, Director, Member, Manager, applying for license must complete the **Personal Data Affidavit form**. **Each individual, Official, Principal Officer, Director, Member, or Manager that run operations, on-site Managers, Managing Members and Resident Agents must obtain and/or maintain a valid Alcohol Server Certification Permit and submit Fingerprints.**

PAGE 5 - DESIGNATED RESIDENT AGENT:

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 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**

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



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

PUBLIC SERVICE LIQUOR LICENSE APPLICATION

\$200.00 Application Fee, non-refundable.

Public Service Entity |Type: Train Airplane

NAME OF APPLICANT / Entity:

Contact Name: _____ Telephone Number: _____

Email Address (required): _____

Mailing Address: _____

D/B/A NAME TO BE USED: _____ Business Phone #: _____

Physical location where license is to be used: (Terminal /Depots: include street # / highway # / state road, city, state, and zip code)

County: _____

I understand that this application is submitted per Section 60-6A-9A^{NMSA 1978} to sell alcoholic beverages to travelers on trains or airplanes while stopped in the State of New Mexico or while in transit through the State of New Mexico.

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

Sign before a Notary Public:

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.

Signature of Applicant/Representative: _____ Date: _____

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

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

By: _____ Notary Public: _____

My Commission Expires: _____

SEAL

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 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.



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: _____