

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

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**PHYSICAL ADDRESS: TONEY ANAYA BUILDING**  
**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 STOCK**  
**APPLICATION**



## TRANSFER OF STOCK APPLICATION

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

### PAGE 1 – APPLICATION, \$200.00 Fee

1. **Instrument of Conveyance:** Assignment of Stock.

### PAGE 3 - REQUIRED FOR CORPORATIONS/ LIMITED LIABILITY COMPANIES/ PARTNERSHIPS/ TRUSTS -page 4

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

**IF APPLICABLE, submit only if changing the current Resident Agent:**

**PAGE 5 - DESIGNATED RESIDENT AGENT, \$50.00 Fee**

### PAGE 6 – PERSONAL INFORMATION DATA AND AFFIDAVIT

Required for all shareholders listed on Page 3.

### APPLICABLE LAW:

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

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

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

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

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





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

Application Number: \_\_\_\_\_

**TRANSFER OF STOCK APPLICATION**

\$200.00 Application Fee, non-refundable. Transfer of 10% or more between existing shareholders.

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

Type of License: \_\_\_\_\_ Expires on: \_\_\_\_\_

Check appropriate boxes:

APPLYING FOR:  Transfer of Stock  Other: \_\_\_\_\_

DESCRIPTION OF TRANSFER: \_\_\_\_\_

APPLICANT IS:

Individual  Limited Liability Company  Corporation  Partnership (General/Limited)

APPLICANT NAME - Individual/Company:

ADDRESS (including city, state, zip)

D/B/A Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

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

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

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

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

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

I, (print name) \_\_\_\_\_, as (title) \_\_\_\_\_ being first duly sworn upon oath deposes and says: that he/she is the applicant or is authorized by the applicant to make this application; that he/she has read the same; knows the contents therein contained are true. Applicant(s) agree(s) that if any statements or representations herein are found to be false, the Director may refuse to issue or renew the license or may cause the license to be revoked at any time.

Sign before a Notary Public:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY PUBLIC USE ONLY: (State of \_\_\_\_\_, County of \_\_\_\_\_)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_ Notary Public: \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_

FOR ALCOHOL AND GAMING DIVISION USE ONLY:  Approved  Disapproved

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







**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