



**New Mexico Regulation and Licensing Department | Alcoholic Beverage Control Division**  
 PO Box 25101 Santa Fe, NM 87504-5101 | Phone: (505) 476-4875 Fax: (505) 476-4595

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

Application # \_\_\_\_\_ Local Governing Body: \_\_\_\_\_

## TOBACCO LICENSE APPLICATION

**\$750.00** Application Fee, non-refundable.

**Type of Application:**  Manufacturer  Distributor  Retailer

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

**Contact Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

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

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

**D/B/A NAME TO BE USED:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

**Physical location/principal place of business where license is to be used:**

(Include street #/ highway #/ state road, city, state, and zip code)

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

**Is physical location within 300 feet or less from a school?**  Yes  No

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: \_\_\_\_\_

**Are tobacco or tobacco products currently being manufactured, distributed or sold** at the proposed location?  Yes  No

**Were tobacco or tobacco products manufactured, distributed or sold** at the proposed location prior to July 1, 2020?  Yes  No

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

1. Name of Company, Corporation or Partnership: \_\_\_\_\_

2. Date formed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Date registered or incorporated: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

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



**For Manufacturer:** Applicant affirms that they will comply with applicable proper tobacco products manufacturing practices, as required pursuant to 21 USCA Section 387d(a) and will comply with any applicable health directives issued by the department of health pursuant to the Public Health Act and **affidavit has been attached along with ingredient listing** applicant will submit to the federal secretary of health and human services as required pursuant to 21 USCA Section 387d(a) (1).

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

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

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**FOR ALCOHOLIC BEVERAGE CONTROL DIVISION USE ONLY:**     Approved             Disapproved

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