



New Mexico Regulation and Licensing Department
ALCOHOL AND GAMING DIVISION

AGD Stamp

Toney Anaya Building PO Box 25101 Santa Fe, New Mexico 87504-5101
(505) 476-4875 Fax (505) 476-4595 rld.state.nm.us/alcoholandgaming

Revised 9/12/16

REQUEST BY NON-PROFIT ORGANIZATION
FOR USE OF FACILITY BY ANOTHER NON-PROFIT ORGANIZATION

Pursuant to NMAC 15.10.54.10 FUND RAISING EVENTS: "A club may allow its facilities, including its licensed premises, to be used by another non-profit organization for a fund raising event if the club submits an application on the form provided by the department not less than 10 days before the date of the proposed event and receives written approval for the event."
& NMSA §60-7A-13.C SALES BY CLUBS: "No more than two times in a calendar year, for fundraising events..."

LICENSEE, ALLOWING THE USE OF THEIR FACILITY BY AN UNLICENSED NON-PROFIT ORGANIZATION:

THIS IS THE: [ ] FIRST EVENT [ ] SECOND & FINAL EVENT PROPOSED DATE OF EVENT: \_\_\_\_\_

I AFFIRM THAT THIS FORM HAS BEEN COMPLETED, PERMISSION HAS BEEN GRANTED IF APPROVED, AND HAVE INCLUDED THE FOLLOWING:

- [ ] FLOOR PLAN, showing restricted and unrestricted areas
[ ] ATTACHED DOCUMENTATION THAT OUTLINES THE SECURITY MEASURES TO BE TAKEN, required when MINORS ARE ALLOWED AT EVENT, which ensures that Minors will not be served alcohol or allowed in Restricted Areas

Name of Licensed Non-Profit Organization \_\_\_\_\_ Liquor License # \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Resident Agent as shown on License (print) \_\_\_\_\_ Signature of Resident Agent \_\_\_\_\_ Date \_\_\_\_\_

Approved Officer of Record and Title (print) \_\_\_\_\_ Signature of Approved Officer of Record \_\_\_\_\_ Date \_\_\_\_\_

INFORMATION OF NON-PROFIT ORGANIZATION, which does not hold a Liquor License, Requesting Use of Liquor Licensed Facility:

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

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

Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

FUND RAISING EVENT INFORMATION: Date(s) of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Purpose of Event (describe cause or charity): \_\_\_\_\_

Physical Location of Event: \_\_\_\_\_

Name & Phone of Person in Charge of Event \_\_\_\_\_ Estimated Participants \_\_\_\_\_

Are Minors Allowed? [ ] No [ ] Yes, and as required, have attached documentation that outlines the security measures to be taken that ensures that Minors will not be served alcohol or allowed in Restricted Areas.

Chief Executive of Organization and Title (print) \_\_\_\_\_ Signature of Chief Executive \_\_\_\_\_ Date \_\_\_\_\_

AGD USE ONLY: Request, only twice per calendar year, Must Include: Detailed Floor Plan, Security Measures if applicable

[ ] Approved [ ] Disapproved, \_\_\_\_\_

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

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Notice Sent on: \_\_\_\_\_ By: [ ] Email [ ] 1st class mail [ ] Fax [ ] Phone