

NM REGULATION AND LICENSING DEPARTMENT
ALCOHOL AND GAMING DIVISION

MAILING ADDRESS: PO BOX 25101 SANTA FE, NM 87504-5101
PHYSICAL ADDRESS: TONEY ANAYA BUILDING
2550 CERRILLOS ROAD, 2ND FLOOR SANTA FE, NM

PH: (505) 476-4875 FAX: (505) 476-4595
www.rld.state.nm.us/alcoholandgaming



WINEGROWER
LIQUOR LICENSE APPLICATION
(also for OFF-SITE LOCATION)



INSTRUCTIONS FOR **WINEGROWER LIQUOR LICENSE** /OFF-SITE LOCATION APPLICATION

1. The non-refundable Application fee of \$200.00, and if applicable, the \$50.00 Resident Agent Fee, and \$100.00 Sunday Sales Fee, must be enclosed or the application will be returned to you. **Keep a copy of the complete application packet 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, & 6 MUST BE SIGNED AND NOTARIZED.
5. Note that all supporting documentation submitted must be in the name of the **APPLICANT**. If the applicant is a Corporation, LLC, Partnership, or Trust, 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 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.

EXPLANATION OF REQUIRED DOCUMENTS: ALL DOCUMENTS LISTED BELOW ARE REQUIRED FOR A WINEGROWER AND/OR AN OFF-SITE LOCATION, EXCEPT **THOSE LISTED IN RED WHICH ARE ONLY FOR WINEGROWER:**

PAGE 1 – APPLICATION

1. **Production Plan** – Submit a notarized statement that affirms production will remain on-site at the premises listed on the application.
2. **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.
3. **Federal Basic Permit** – If you have obtained this already, submit a copy, otherwise, include a copy of your application with the approval to be submitted before final review.
4. **Approved Labels**, if applicable.
5. **Photos** – Include photos of Manufacturing Equipment, and Patio, if applicable.
6. **Licensing Fee** – **\$25 up to 5,000 Gallons / \$100 for 5,000 to 100,000 Gallons /\$250 over 100,000 Gallons**
Off-Site Location \$200.00, 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. Winegrower needs 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).

3. **Detailed Floor Plan with Photos** – A Floor Plan for the proposed premises, showing the entrances/exits, storage, sale, service, and consumption areas. All areas must be completely labeled. Submit legible Plan, that may be hand-drawn or architect drawing, on an 8½ x 11” sheet of paper **for each floor**. Please DO NOT submit blueprints. Drawing must indicate:
 - a. Name of Applicant, Physical Address and clearly mark which direction is North.
 - b. Location of the main street in relation to the licensed premises.
 - c. Label Floor Plan, **include Bonded Areas** and show Storage areas **and Manufacturing areas**; Layout must show the entrances, exits, and storage areas.
 - d. List Total Square Footage, including Patio, if applicable (example: 2,500 square feet or 2,000 +500 patio =2,500).
 - e. Show any and all Patios and/or Outside Areas, indicate how they are permanently enclosed to prevent alcohol from leaving the premises. Label the type of enclosure used and the height, include photos. (example: 6 foot adobe wall with 5 foot wood gate).
4. **Photos** – include **manufacturing equipment /location** /storage of alcohol, and Exterior /patio and fencing, if applicable.

ONLY IF PROPOSED PREMISES IS BETWEEN 300 AND 400 FEET from the nearest church or school, you will need:

5. **Surveyor’s Certificate** – A certified copy of the Surveyor’s Certificate (Plat), showing the measurement from the nearest point of the proposed premises to the nearest point of the church or school property line. All measurements should be taken by shortest direct line.
- or,**
6. **Waiver** – A copy of the approved Waiver from the Local Governing Body, on official letterhead.
 7. **Opinion Letter** – Obtain a Letter, on official letterhead, from the Church or School in question, indicating whether or not they object to the application and/or issuance of a liquor license at the proposed location.

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

Full disclosure totaling 100% is required. Each individual, Principal Officer, Director, Member, Manager, Partner and each Shareholder holding 10% or more, applying for license must complete the **Personal Data Affidavit form**. **Each individual, Principal Officer, Director, Member, Manager, Partner and each Shareholder who owns a 10% interest or more must be Fingerprinted.** **All Owners that run operations, on-site Managers, Managing Members and Resident Agents must obtain and/or maintain a valid Alcohol Server Certification Permit.**

PARTNERSHIP:

1. **Partnership Agreement** – A complete and fully executed Partnership Agreement.
2. **Certificate of Partnership** – A Certificate of Partnership issued by the Secretary of State’s Office (if applicable).

CORPORATION

1. **Certificate of Incorporation** – A copy of the Certificate of Incorporation.
2. **Articles of Incorporation** – A filed copy of the Articles of Incorporation and any amendments thereto.
3. **Certificate of Good Standing** – A copy of the Certificate of Good Standing. The Division will obtain this document from the Public Regulation Commission. The corporation **MUST** be in good standing.
4. **Certificate of Authority** – A copy of the Certificate of Authority for all Foreign Profit Corporations (out-of-state).

LIMITED LIABILITY COMPANY

1. **Certificate of Organization** – A copy of the Certificate of Organization.
2. **Articles of Organization** – A filed copy of the Articles of Organization and any amendments thereto.
3. **Operating Agreement** – A complete and fully executed Operating Agreement listing all members and managers including percentages of interest owned by each and any amendments thereto.
4. **Certificate of Registration** – A copy of the Certificate of Registration for all Foreign Profit Companies (out-of-state).

PAGE 4 – TRUST

1. **Trust Agreement** – A complete and fully executed Trust Agreement shall be provided for In-Camera Review by the Division. It should not be attached to the application, only brought in by Applicant for review.

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 /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 for WINEGROWER and OFF-SITE LOCATIONS:

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.

Fee Covers both Sunday Sales by the Drink and by the Package: \$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: _____

WINEGROWER LIQUOR LICENSE APPLICATION

\$200.00 Application Fee, non-refundable.

Check appropriate boxes:

Application is for: New License Off-Site Location – 1st, 2nd, 3rd Master License No. _____

Applicant is: Individual Limited Liability Company Corporation Partnership (General/Limited)

NAME OF APPLICANT: (Company or Individual) _____ TELEPHONE NUMBER _____

EMAIL ADDRESS (required): _____

MAILING ADDRESS: _____

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

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

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

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.

You must sign and date 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: _____

My Commission Expires: _____

SEAL

FOR LOCAL OPTION DISTRICT USE ONLY: Local Governing Body of: _____ City, County, Town, 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: _____



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 LIABILITY COMPANY - NMSA §60-6B-2.A(6)

1. Name of Limited Liability Company: _____

2. Company Formed on: _____, with **copy of Operating Agreement attached.**

3. Company Registered on: _____, with a **copy of Certificate and Article of Organization attached.**

4. Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

5. **LIST ALL MEMBERS AND MANAGERS;** Names and addresses of all Members – full disclosure is required. If a Member is a Corporation, Trust, Limited Liability Company, General or Limited Partnership, complete the appropriate entity information page.

List % of Interest/Contribution | Title | Name | Complete Address

List % of Interest/Contribution	Title	Name	Complete Address

6. Has this LLC ever had a liquor license in which it held any interest in any State suspended or revoked? No Yes, if so, provide details: _____

7. List every Liquor License in which this LLC owns any interest, direct or indirect: None See Attached As follows: _____

1. Has any principal Officer, Director or Shareholder that holds 10% or more of this LLC ever been convicted of a felony?
 No Yes, detailed as follows: _____

NOTE: Each individual Member must submit a **Personal Data Affidavit form** (page 6). All Members who own 10% or more must submit Fingerprints. All Managing Members must also be Server Certified.



CORPORATION- NMSA §60-6B-2.A(4)

Name of Corporation: _____
(Attach certified copy of its Certificate of Incorporation and Articles of Incorporation. Foreign Corporations must also include a certified copy of its New Mexico Certificate of Authority.)

Date of Incorporation: _____ In what State? _____

Mailing Address of Corporate Office: _____

City: _____ State: _____ Zip: _____ Phone: _____

Provide full names and addresses of all Officers and Directors of the Corporation, also the names and addresses of all stockholders holding 10% or more in the Corporation. If a stockholder with 10% or more stock is any other legal entity, complete the appropriate disclosure page for the stockholding entity.

List: % Stock Held | Title and Name of Officers, Directors and Stockholders | Complete Address

% Stock Held	Title and Name of Officers, Directors and Stockholders	Complete Address

USE ADDITIONAL PAGES IF NECESSARY.

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 or Shareholder that holds 10% or more of this Corporation ever been convicted of a felony? No Yes, detailed as follows: _____

NOTE: Each individual Applicant, Partner, Officer, Director and Stockholder of 10% or more of stock in the Corporation must submit a Personal Data Affidavit Form (page 6). All who own 10% or more must submit Fingerprints. All Managing Partners and Directors must also be Server Certified.



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.



TRUST- NMSA §60-6B-2.A(7)

1. Name of Trust: _____

2. Trust Formed on: _____ Phone: _____

3. Mailing Address: _____ State: _____ Zip: _____

4. Names and addresses of all Trustees and each Beneficiary of the Trust – full disclosure is required, *for each Trustee and for each Beneficiary who has control over Trust property and income or who receives substantial and regular distributions from the Trust.* If a Trustee or Beneficiary is a Corporation, Limited Liability Company or a General or Limited Partnership, complete the appropriate LLC, Corporation or Partnership page(s).

LIST ALL TRUSTEES AND BENEFICIARIES

% of Interest/Contribution | Title | Name | Address

% of Interest/Contribution	Title	Name	Address

5. Has this Trust ever had a liquor license in which it held any interest in any State suspended or revoked? No Yes, detailed as follows: _____

6. List every liquor license in which this Trust owns any interest, direct or indirect: None See Attached As follows: _____

7. Has any principal Officer, Director, Trustee or Beneficiary that holds 10% or more of this Trust ever been convicted of a felony? No Yes, detailed as follows: _____

NOTE: Each individual Trustee and/or Beneficiary must submit a Personal Data Affidavit Form (Page 6), and must be Fingerprinted. All Managing Members 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 FOR WINEGROWER

\$100 Fee includes both, fee non-refundable, Non-transferable, check type of sales applying for:

Sunday Sales **BY THE DRINK** Sunday Sales **BY THE PACKAGE**

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: _____

WINEGROWER APPLICATION CHECKLIST

Date Received: _____ Application Number: _____ |Final: Assigned License No. _____
Hearing: _____ LOD: _____ Sent to LOD: _____
Applicant Name: _____
DBA Name: _____
Proposed Location Address: _____
Mailing Address: _____
Contact Person/Agent: _____ Ph: _____ Email: _____

PAGE 1 COMPLETED & SUBMITTED? ___ Yes ___ No Comment: _____
Application Fee submitted? ___ Yes ___ No Amount paid \$ _____ Comment: _____
Wine Production Plan, signed? ___ Yes ___ No Comment: _____
Tax Registration Certificate, in Applicant's name? ___ Yes ___ No Comment: _____
Federal Basic Permit, in Applicant's name? ___ Yes ___ No Comment: _____
Approved Wine Labels, in Applicant's name? ___ Yes ___ No ___ N/A Comment: _____
Photos of the Manufacturing Equipment? ___ Yes ___ No Comment: _____
Has 3 to 5 Barrel Brewing System? ___ Yes ___ No Comment: _____
Initial License Fee, at Final: (\$25 ^5,000 gallons / \$100 5K-100K / \$250 over 100K Paid \$ _____ on: _____

PAGE 2 PREMISES, LOCATION? ___ Yes ___ No Comment: _____
Lease or Deed for the premises, in Applicant's name? ___ Yes ___ No Comment: _____
Zoning Statement, allowing service/manufacturing? ___ Yes ___ No Comment: _____
Floor Plan? ___ Yes ___ No Total Square Footage for the premises? _____ Comment: _____
Are Bonded Areas Designated? ___ Yes ___ No Comment: _____
Is there a Patio? ___ Yes ___ No Enclosed by 3ft Barrier /Description? _____ Contiguous _____
Photos: Interior and Exterior, to include Manufacturing Area, Prep Area and Patio, if applicable? ___ Yes ___ No
POSTING CERTIFICATE: To Agent: _____ Posted On: _____ Expires at Midnight on: _____
Is a Surveyor's Certificate required? ___ Yes ___ No Has it been submitted? ___ Yes ___ No Comment: _____
Is a Waiver required? ___ Yes ___ No Has an approved Waiver been submitted? ___ Yes ___ No Comment: _____

PAGE 3A LIMITED LIABILITY COMPANY? ___ Yes ___ No Comment: _____
Certificate of Organization? ___ Yes ___ No Articles of Organization? ___ Yes ___ No Operating Agreement? ___ Yes ___ No
Certificate of Registration (for Out-of-State LLC)? ___ Yes ___ No Comment: _____

PAGE 3B CORPORATION? ___ Yes ___ No Comment: _____
Certificate of Incorporation? ___ Yes ___ No Articles of Incorporation? ___ Yes ___ No Certificate of Good Standing? ___ Yes ___ No
Certificate of Authority (for Out-of-State Corporation)? ___ Yes ___ No Comment: _____

PAGE 3C PARTNERSHIP? ___ Yes ___ No Comment: _____
Is the Applicant a ___ General Partnership or ___ Limited Partnership? Comment: _____
Fully executed Partnership Agreement? ___ Yes ___ No Registered with Secretary of State's Office? ___ Yes ___ No

PAGE 5 RESIDENT AGENT, for Corporation, LLC, Partnership or Trust? ___ Yes ___ No \$50.00 Fee paid? ___ Yes ___ No
Name: _____ Permit # _____ Expires: _____
Comment: _____

PAGE 6 PERSONAL DATA AFFIDAVIT submitted FOR EACH PERSON REQUIRING DISCLOSURE? ___ Yes ___ No
Comment: _____

%	Title Name	SS#	FPs Submitted / Cleared On:	Permit # / Expires

PAGE 7 SUNDAY SALES APPLICATION? ___ Yes ___ No \$100.00 Fee submitted? ___ Yes ___ No <Covers both by drink/package
Comment: _____

WINEGROWER OFF-SITE:\$200 CHECKLIST

1ST 2ND 3RD LOCATION, Master License No. _____

Date Received: _____ Application Number: _____ |Final: Assigned License No. _____
Hearing: _____ LOD: _____ Sent to LOD: _____
Applicant Name: _____
DBA Name: _____
Proposed Location Address: _____
Mailing Address: _____
Contact Person/Agent: _____ Ph: _____ Email: _____

PAGE 1 COMPLETED & SUBMITTED? Yes No Comment: _____
Master License No. _____ Citations Pending? Yes No Comment: _____
Application Fee submitted? Yes No Amount paid \$ _____ Comment: _____
Tax Registration Certificate, in Applicant's name? Yes No Comment: _____
Copy of TTB Approved Permit, in Applicant's name? Yes No Comment: _____
Initial License Fee, at Final: (\$25 ^5,000 gallons / \$100 5K-100K / \$250 over 100K Paid \$ _____ on: _____

PAGE 2 PREMISES, LOCATION? Yes No Comment: _____
Lease or Deed for the premises, in Applicant's name? Yes No Comment: _____
Zoning Statement, allowing sale/service? Yes No Comment: _____
Floor Plan? Yes No Total Square Footage for the premises? _____ Comment: _____
Is there a Patio? Yes No Enclosed by 3ft Barrier /Description? _____ Contiguous _____
Photos: Interior and Exterior, Storage and Patio, if applicable? Yes No
POSTING CERTIFICATE: To Agent: _____ Posted On: _____ Expires at Midnight on: _____
Is a Surveyor's Certificate required? Yes No Has it been submitted? Yes No Comment: _____
Is a Waiver required? Yes No Has an approved Waiver been submitted? Yes No Comment: _____

PAGE 3A LIMITED LIABILITY COMPANY? Yes No Comment: _____
Certificate of Organization? Yes No Articles of Organization? Yes No Operating Agreement? Yes No
Certificate of Registration (for Out-of-State LLC)? Yes No Comment: _____

PAGE 3B CORPORATION? Yes No Comment: _____
Certificate of Incorporation? Yes No Articles of Incorporation? Yes No Certificate of Good Standing? Yes No
Certificate of Authority (for Out-of-State Corporation)? Yes No Comment: _____

PAGE 3C PARTNERSHIP? Yes No Comment: _____
Is the Applicant a General Partnership or Limited Partnership? Comment: _____
Fully executed Partnership Agreement? Yes No Registered with Secretary of State's Office? Yes No

PAGE 5 RESIDENT AGENT, for Corporation, LLC, Partnership or Trust? Yes No \$50.00 Fee paid? Yes No
Name: _____ Permit # _____ Expires: _____
Comment: _____

PAGE 6 PERSONAL DATA AFFIDAVIT submitted FOR EACH PERSON REQUIRING DISCLOSURE? Yes No
Comment: _____

Table with 5 columns: %, Title | Name, SS#, FPs Submitted / Cleared On, Permit # / Expires. Multiple rows for data entry.

PAGE 7 SUNDAY SALES APPLICATION? Yes No \$100.00 Fee submitted? Yes No <Covers both by drink/package
Comment: _____