

NM REGULATION AND LICENSING DEPARTMENT

ALCOHOLIC BEVERAGE CONTROL DIVISION

MAILING ADDRESS: PO BOX 25101, SANTA FE, NM 87504-5101

PHYSICAL ADDRESS: TONEY ANAYA BUILDING

2550 CERRILLOS ROAD, 2ND FLOOR, SANTA FE, NM 87504

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WWW.RLD.STATE.NM.US/ABC



RESTAURANT LIQUOR LICENSE APPLICATION



INSTRUCTIONS FOR RESTAURANT 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 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**, included in the packet to assist you in submitting all the required documentation. **To meet the criteria for a Restaurant (Beer and Wine) Liquor License, the Full Service Restaurant / Establishment must have a wait staff and must have at least three or four Entrées on the Menu.**
3. **Appointment of Representative** – If the applicant is represented by an attorney, broker, CPA, etc., include a signed/dated letter, which authorizes the Division to disclose information and allows the appointee to speak/act on behalf of applicant.
4. Pages 1, 5, and 6 of the application 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, Food Establishment Permit etc., **must** be in the name of that entity.
6. **Fingerprints:** 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, they'll need to register with Gemalto online at www.aps.gemalto.com. If fingerprints cannot be done by Livescan with Gemalto, please contact ABC at (505) 476-4875 or consult AGD website for instructions.

EXPLANATION OF REQUIRED DOCUMENTS:

PAGE 1 – APPLICATION

1. **Menu** – A complete and finalized copy of the full menu for the business, include hours and days of operation, indicate when closed. If the hours and days of operation are not printed on the menu, write them on a separate sheet of paper.
2. **Food Establishment Permit** – A current permit in the name of the Applicant required, and may be obtained through the NM Environment Department, or you may need to contact city or county offices directly.
3. **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.
4. **Licensing Fee** – in the name of the applicant and signed by both parties.

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 service 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. (example: On-premises consumption of alcohol is a permitted use within this zone; with or without Patio Service permitted; 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, kitchen, dining room, 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. which direction is North.
 - b. Location of the main street in relation to the licensed premises.
 - c. Label the layout of premises – must show the entrances, exits, dining and storage areas, and include photos showing a kitchen capable of preparing meals.
 - 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 Dining 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).
 - f. No bar areas will be approved under this type of license, however a prep station for wait staff to prepare the beverages for delivery to the tables is allowed. All food and drinks must be delivered to individual tables or seating counters by wait staff. Counter service is not permitted.
4. **Photos** – include Interior of premises, Kitchen Area, Prep Area, Dining Area, food counters, location/storage of alcohol, and Exterior /patio and fencing, if applicable.

Only if proposed premises is between 300 and 400 feet of 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 Information and Affidavit Form**. **Each individual, Principal Officer, Director, Member, Manager, Partner and each Shareholder who owns a 10% interest or more must be Fingerprinted.**

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, who has the power and authority to make decisions related to liquor sales and operations and upon whom the director may serve any notice related to the operation of the license.
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 Information and 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 Information and 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 and/or package 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**

Restaurant License Holders are only allowed sales of alcoholic beverages BY THE DRINK, between the hours of 7:00 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.

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



ABC USE ONLY: Application Number: _____ Local Option District: _____

RESTAURANT LIQUOR LICENSE APPLICATION

\$200.00 Application Fee, non-refundable.

Check appropriate boxes:

Application is for: New Restaurant Liquor License

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

NAME OF APPLICANT (company or individual): _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

APPLICANT PHONE #: _____ BUSINESS PHONE #: _____

D/B/A NAME TO BE USED: _____

EMAIL ADDRESS (required): _____

PHYSICAL LOCATION WHERE LICENSE IS TO BE USED: _____

CITY _____ STATE _____ COUNTY _____ ZIP _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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

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

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 this form 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 LOCAL OPTION DISTRICT USE ONLY: Local Governing Body of: _____ City, County, Village

Public Hearing held on _____, 20_____. Check one: Approved Disapproved

Signature and Title of City/County Official: _____

FOR ALCOHOLIC BEVERAGE CONTROL 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)

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: Lounge Restaurant Package Grocery Racetrack
 Hotel 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

SS 60-6B-2(A)(b)

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: Name and Title | % Stock Held | Complete Address

Multiple horizontal lines for listing general partners.

LIMITED PARTNERS: Name and Title | % Stock Held | Complete Address

Multiple horizontal lines for listing limited partners.

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.



DESIGNATION OF RESIDENT AGENT

\$50.00 Fee: non-refundable

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 ALCOHOLIC BEVERAGE CONTROL DIVISION USE ONLY: Fingerprints submitted on: _____ Cleared on: _____

Approved Disapproved

Signed by Director: _____ Date: _____



ABC use only| Fingerprints #/Received on: _____ Cleared on: _____ Server Permit# _____ Expires: _____

PERSONAL DATA AFFIDAVIT

Liquor License # _____ or Application # _____

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.

Please print clearly, all of the following information is required.

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 or arrested for a Felony in the last five years? Yes No If yes, provide details: _____

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: _____

List every Liquor License by number and State in which you directly or indirectly own any interest: _____.

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: _____

SEAL

My Commission Expires: _____



RESTAURANT – SUNDAY SALES APPLICATION

Sunday Sales **BY THE DRINK, with \$100 Fee**, non-transferable, fees non-refundable

Liquor License # _____ or Application # _____

Sunday Sales by the drink is only permitted in those local option districts in which Sunday Sales have been approved by election.

Restaurant License Holders are only allowed to serve beer and wine beverages by the drink, between the hours of 7:00 a.m. to 11:00 p.m. or until sales and service of food ceases, whichever is earlier. 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.

1. Name of Applicant: _____

2. DBA Name: _____

3. Type of Liquor License applied for: Restaurant Beer and Wine

4. Physical location of licensed premises: _____

City: _____ State: _____ Zip: _____

5. Mailing address: _____

City: _____ State: _____ Zip: _____

6. Email: _____

7. Local Option District (where license is located, *agency that issued your zoning statement*): _____

8. County where license is located: _____

Applicant/Licensee Signature: _____ Date: _____

FOR ALCOHOLIC BEVERAGE CONTROL DIVISION USE ONLY:

Approved

Disapproved

Signed by Director: _____ Date: _____

RESTAURANT 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: _____

ABC use only | POSTING CERTIFICATE: Request sent to DPS: _____ Posted On: _____
Expires at Midnight on: _____ Special Agent Assigned: _____
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 1 COMPLETED & SUBMITTED ___ Yes ___ No Application fee submitted ___ Yes ___ No Amount paid \$ _
Menu, including hours and days of operation ___ Yes ___ No Comment: _____
Food Establishment Permit, in Applicant's name ___ Yes ___ No Comment: _____
Tax Registration Certificate, in Applicant's name ___ Yes ___ No Comment: _____
Initial License Fee, to be submitted at Final, Paid _____ on: _____
Comment: _____

PAGE 2 PREMISES, LOCATION ___ Yes ___ No Comment: _____
Lease or Deed for the premises, in Applicant's name ___ Yes ___ No Comment: _____
Zoning Statement, allowing b/w service for the premises ___ Yes ___ No Comment: _____
Floor Plan ___ Yes ___ No Total Square Footage for the premises: _____ Comment: _____
Patio: ___ Yes ___ No Enclosed by 3ft Barrier /Description: _____ Contiguous: _____
Photos: Interior & Exterior, include Dining Area, Kitchen, Food Counter, Prep Area & Patio, if applicable: ___ Yes ___ No

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: _____

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

SUNDAY SALES BY THE DRINK COMPLETED & SUBMITTED ___ Yes ___ No ___ N/A \$100.00 Fee paid ___ Yes ___ No
Are Sunday Sales by the Drink allowed in this Local Option District ___ Yes ___ No
Comment: _____