

## INSTRUCTIONS CONVERSION OF RESTAURANT A to B LICENSE

The non-refundable application fee of \$200.00, must be enclosed or the application will be returned. **Keep a copy of the complete application packet for your records.** The \$10,000.00 License Fee is pro-rated and due at final, from Nov-Jan \$10,000 | Feb-Apr \$7,500 May-July \$5,000 | Aug-Oct \$2,500

To qualify for a Restaurant License, you must meet all the conditions set forth in statute, which are:

- An establishment having a New Mexico resident as a proprietor or manager
- Held out to the public as a place where food is prepared and served primarily for on-premises consumption to the general public
- Has a dining room, a kitchen and the employees necessary for preparing, cooking and serving food
- Food service is the primary source of revenue and accounts for 60% or more of the total gross receipts
- "Restaurant" does not include establishments as defined in rules promulgated by the director serving only hamburgers, sandwiches, salads and other fast foods

To convert to a Restaurant B License, you understand and agree:

- That the current leased license must be in good standing
- To Submit documentation listed below to verify that the Establishment qualifies
- That converting to a Restaurant B License requires that the establishment is not a bar-like setting
- That the hours for sales and/or service of alcoholic beverages are only from 7:00am to 11:00pm or until food sale and service ceases, whichever is earlier
- To serve a single patron no more than three drinks, containing not more than one and one-half ounces of spirituous liquor, during any one visit

Attach the following Required Documents with Application:

1. **Menu and Hours of Operation** – 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** – Current, in the name of the Applicant; may be obtained through the NM Environment Department, or contact city or county offices directly.
3. **NM Business License** – Current, in the name of the Applicant.
4. **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.).
5. **Zoning Statement** – Zoning Statement for the current premises, issued by the Local Governing Body, on official letterhead. Contact your city or county clerk for the zoning office in your area.  
The Zoning Statement **must include a statement regarding Permitted Use** for the type of liquor license being applied for – need permission for Selling and Serving alcoholic beverages. (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).
6. **Photos** – include Interior of premises, Kitchen Area, Prep Area, Dining Area, food counters, location/storage of alcohol, and Exterior /patio and fencing, if applicable.

Please noted that the Checklist on the last page is for ABC when submitted for review.





**APPLICATION FOR CONVERSION TO RESTAURANT LICENSE B (add Spirits)**

**Annual License** | \$10,000.00 Fee, non-refundable    ABC USE ONLY | Application No. \_\_\_\_\_

Restaurant A | Beer & Wine only    Current Restaurant License Number: \_\_\_\_\_

Licensee/Owner Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_    Cell: \_\_\_\_\_    E-Mail: \_\_\_\_\_

Is food service the primary source of revenue and accounts for 60% or more of the total gross receipts at current licensed premises? Yes   No    Is Food Service Permit current? Yes, attached   No

I have a current Restaurant License in good standing? Yes   No

I have attached an updated Zoning Statement from my local option district, allowing for the sale and service of spirits at the current location or if applicable, that no zoning is required. Yes   No

I, the undersigned, swear that I am authorized to obtain this License and that the information on this application form is true and correct, to the best of my knowledge. **I also attest to understanding the following:**

- Three (3) drinks containing not more than one and one-half ounces of spirituous liquor during one visit.
- Hours of Service: Sales and Service of alcoholic beverages Monday through Sunday, until the time meal sales and services cease or 11:00pm, whichever time is earlier.
- A Restaurant B License is not transferable from person to person but shall be transferable from one location to another within the same local option district.

*You must sign before a Notary Public.*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

By Affiant: \_\_\_\_\_

SEAL

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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

APPROVED    DISAPPROVED, \_\_\_\_\_

**ASSIGNED LICENSE NO.** \_\_\_\_\_ **EXPIRES ON:** \_\_\_\_\_

Reviewed, with copy sent to Licensee via Email, Fax, 1<sup>st</sup> class mail By: \_\_\_\_\_

Done this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.



# RESTAURANT LICENSE CONVERSION FROM A to B CHECKLIST

Final: Assigned License No. \_\_\_\_\_

Filed on: \_\_\_\_\_ Assigned to Hearing Officer on: \_\_\_\_\_ Application # \_\_\_\_\_

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

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

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

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

Page 1 complete  Yes  No \_\_\_\_\_

\$200.00 Application fee submitted  Yes  No \_\_\_\_\_

Menu, including hour and days of operation  Yes  No \_\_\_\_\_

Food Establishment Permit, in Applicant's name  Yes  No \_\_\_\_\_

Business License, in Applicant's name  Yes  No \_\_\_\_\_

Tax Registration Certificate, in Applicant's name  Yes  No \_\_\_\_\_

Current Zoning Statement, in Applicant's name  Yes  No \_\_\_\_\_

Photos of Kitchen, Dining Room, and Patio if applicable  Yes  No \_\_\_\_\_

## LICENSE:

Current License No. \_\_\_\_\_ Owner: \_\_\_\_\_

HOLDS?  Yes  No Type / Reason: \_\_\_\_\_

Licensing Fee \$10,000.00, pro-rated, due at Final: Paid \$ \_\_\_\_\_ on: \_\_\_\_\_

Pro-rated License Fee Nov-Jan \$10,000 | Feb-Apr \$7,500 | May-Jul \$5,000 | Aug-Oct \$2,500

