



**DESIGNATION OF RESIDENT AGENT**

**\$50.00 Fee:** all fees non-refundable

Name of Corporation/LLC/Partnership/Trust (print) \_\_\_\_\_ Liquor License # \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT that the company named on this form hereby makes, constitutes and  
**Appoints:** \_\_\_\_\_, 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, and to have power of attorney to exercise full authority, control, and responsibility for the conduct of all  
 business transactions of the company within the State relative to the sale of alcoholic beverages under authority of this license. **(Check one)**

**Initial** Resident Agent     **Adding** another Resident Agent     **Replacing** Resident Agent, remove: \_\_\_\_\_

*Sign in the presence of a Notary Public.*

Submitted by Authorized Officer of Corporation/ LLC/ Partnership/ Trust

Signature: \_\_\_\_\_ Title \_\_\_\_\_

**ACKNOWLEDGEMENT BY OFFICER APPOINTING AGENT**

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

**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: \_\_\_\_\_, Copy Required

Fingerprints submitted on: \_\_\_\_\_ Cleared on: \_\_\_\_\_

*Sign in the presence of a Notary Public.*

Signature of Resident Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT FOR NATURAL PERSONS**

**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 ALCOHOL AND GAMING DIVISION USE ONLY:**

Approved     Disapproved

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