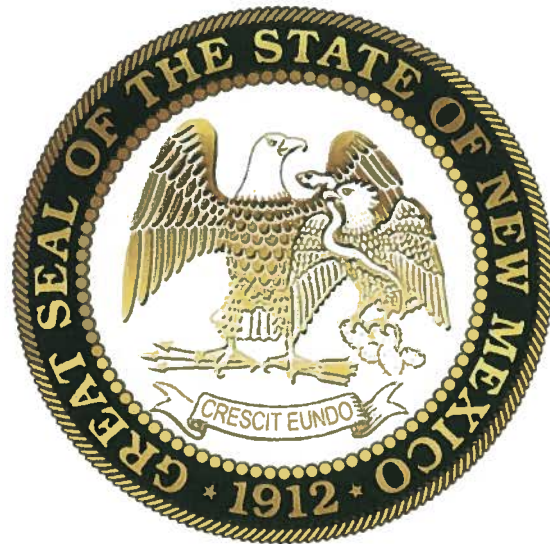


NM REGULATION AND LICENSING DEPARTMENT  
**ALCOHOL AND GAMING DIVISION**

TONY ANAYA BUILDING  
PO BOX 25101  
SANTA FE, NM 87505-5101  
2550 CERRILLOS ROAD, 2<sup>ND</sup> FLOOR  
SANTA FE, NM 87505  
PH: (505) 476-4875 FAX: (505) 476-4595  
[WWW.RLD.STATE.NM.US/ALCOHOLANDGAMING](http://WWW.RLD.STATE.NM.US/ALCOHOLANDGAMING)



**SPECIAL BED & BREAKFAST DISPENSING LICENSE  
APPLICATION**



## GENERAL COMMENTS FOR APPLICATION PROCESSING

The Alcohol and Gaming Division's goal is to process your application within 60 to 90 days. We believe that actively working with applicants offers the best opportunity to achieve our goal. Read the general comments for application processing, instructions for filling out the application and resident agent form, and thoroughly review the application packet before submitting your application. This will provide answers to questions often asked by applicants.

### Application Receipt and Uptake

When your substantially complete application is received (a Food Establishment permit and the license fee will be required for final approval), our first action will be to schedule the preliminary hearing and to post the notice of your application. The controlling statute requires that the notice be posted for 20 consecutive days prior to preliminary approval of the application and that the preliminary hearing be held within 30 days of receipt of your application. A Notice of hearing will be sent to you advising of the date and time of your preliminary hearing, and the name of the Hearing Officer assigned to your application (hearings may be conducted in person or by telephone). The applicant is required to publish notice of the hearing in a local newspaper of general circulation. The Hearing Officer will provide the applicant with instruction on how to accomplish this requirement. Failure to publish notice of the hearing and to provide proof of publication to your Hearing Officer will result in the cancellation and rescheduling of your preliminary hearing. Proof of publication must be received 48 hours prior to the hearing date.

### Preliminary Review

After your hearing has been scheduled, the Hearing Officer will review your application and may prepare and forward a Notice of Deficient Documents listing the items necessary to correct or complete your application. The listed items in the Notice of Deficient Documents should be provided prior to the preliminary hearing.

### Preliminary Hearing

After your hearing, any remaining items should be completed and submitted within 10 days to avoid any delays in processing your application. The Hearing Officer will prepare a "Hearing Officer's Recommendation" in support of a recommendation to the Division Director. **If the application is not completed in a timely manner, the application may be canceled.** Once the Director has reviewed the application and the Recommendation, if all is correct, your application will be forwarded to the local governing body in which you propose to conduct business. The local governing body is then required to publish notice of a hearing at the local governing body and to conduct a public hearing before the local governing body within 45 days of receipt. After your hearing with the local governing body, that governing body has 30 days to provide us with the signed documentation.

If you want to overnight your application, not using the postal service, it should be sent to the Alcohol and Gaming Division at 2550 Cerrillos Road, Santa Fe, NM 87505. **Please keep a copy of the application for your records.**

If you have any questions, please contact us at (505) 476-4875 or via the web at [www.rld.state.us/alcoholandgaming](http://www.rld.state.us/alcoholandgaming)  
Thank you in advance for helping us to achieve our goal.

## ***There are new procedures for applicants submitting fingerprints for liquor licensing with the New Mexico Alcohol and Gaming Division.***

\*\*\*\*\*PLEASE READ CAREFULLY\*\*\*\*\*

All **applicants** will need to first call this Division and speak with a hearing officer to confirm that your fingerprints are required, if so you must register online first with [www.cogentid.com](http://www.cogentid.com) and click on New Mexico then, under Applicant Use – Register Online for a Background Check, or you may use the Call Center at 877-996-6277 for registration or questions. Cogent's website does have - Fingerprint Location Map under Useful Information, for their closest location to you which should not be at most more than one hour away for anyone in the State of New Mexico. The fingerprinting fee is still \$44.00 but the money order, if you didn't pay online, must be made out to 3 M Cogent. Also, our **ORI # is NM920020Z, which is #290 on their ORI lookup**, the reason fingerprinted is **60-3A-9**. If you are out of state and submitting fingerprint cards for processing you are still required to register with Cogent, but you will need to submit the fingerprint cards, forms, copy of registration receipt from Cogent and fee (still made out to 3 M Cogent), to this office and we will submit them to Cogent after verification of compliance with the Liquor Control Act. It is VERY important that the reason fingerprinted is very specific, i.e., you are the President, VP, Secretary, Treasurer, Director, and Owner with percentage, Member with percentage, etc.

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. Therefore the Federal Bureau of Investigation requires the following notice:

### Applicant Notification and Record Challenge

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. (*Title 42, U.S.C., §14616, Article IV (c); Title 28 C.F.R., § 50.12 (b)*)



### INSTRUCTIONS FOR FILLING OUT SPECIAL BED & BREAKFAST DISPENSING LICENSE APPLICATION

1. The non-refundable application fee of \$100.00 must be enclosed or the application will be returned to you. For the first license year 2013-2014 ONLY, initial licenses will be pro-rated according to the following schedule:
  - Liquor Licenses issued in the months of July, August and September, 2013 \$100.00. The license will expire on June 30, 2014.
  - Liquor Licenses issued in the months of October, November and December, 2013 \$75.00. The license will expire on June 30, 2014.
  - Liquor Licenses issued in the months of January, February and March, 2014 \$50.00. The license will expire on June 30, 2014.
  - Liquor Licenses issued in the months of April, May and June, 2014 \$25.00. The license will expire on June 30, 2014.
2. Pages 1, 5, and 6 of the application must be signed and notarized.
3. Note that all supporting documentation submitted must be in the name of the **APPLICANT**. If the applicant is a partnership, corporation, LLC or trust, the Tax Registration Certificate, Leases, Deeds, Bills of Sale, etc. **must** be in the name of that entity.
4. Each individual, officer, Director, and each shareholder who owns a 10% interest or more, applying for license must complete the **Personal Data Information and Affidavit Form**.
5. Each individual, officer, Director, and each shareholder who owns a 10% interest or more must be fingerprinted. Applicants unable to do Livescan with Cogent must submit fingerprints on Alcohol and Gaming Division coded fingerprint cards only. To obtain those cards, please contact AGD at (505) 476-4875 and they will be mailed to you, or, you may come into our offices located at the Toney Anaya Building, 2550 Cerrillos Road, Second Floor, Santa Fe, New Mexico. Fingerprinting officer or approved agency must complete both cards with the date, their signature, your address, sex, race, height, weight, color of eyes and hair, date of birth, place of birth, height, weight, and social security number. You must sign both cards and if known supply the application number, or license number and type. Note that persons who have been convicted of a felony or of two misdemeanor violations of the Liquor Control Act in any calendar year may not hold a liquor license or any interest in a liquor license in the State of New Mexico unless the person is restored to the privilege of holding a license by governor.
6. Applicants unable to do Livescan fingerprints with Cogent must attach a *separate* \$44.00 money order for each person with a set of two (2) fingerprint cards (fees **cannot** be combined into one check when submitting fingerprints for more than one person), payable to the **3 M Cogent** and attach these cards to the fingerprint certificate for law enforcement or AGD approved agency and the fingerprint affidavit form.
7. If you want to overnight your application, not using the postal service, it should be sent to the Alcohol and Gaming Division at 2550 Cerrillos Road, Santa Fe, NM 87505.



## INSTRUCTIONS FOR FILLING OUT THE RESIDENT AGENT PAGE

1. As part of the application, 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.
  - The 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.
  - The 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. Fingerprints that cannot be done by Livescan with Cogent, must be on Alcohol and Gaming Division coded fingerprint cards only. To obtain those cards, please contact AGD at (505) 476-4875 and they will be mailed to you, or, you may come into our offices located at the Toney Anaya Building, 2550 Cerrillos Road, Second Floor, Santa Fe, New Mexico. Complete the card with signature, address, sex, race, height, weight, color of eyes and hair, date of birth, place of birth, citizenship, social security number, application number, or license number and type.
5. Applicants unable to do Livescan with Cogent, must attach a *separate* \$44.00 money order with each set of two (2) fingerprint cards (fees **cannot** be combined into one check when submitting more than one set of cards), payable to **3 M Cogent** and attach these cards to the application form. No personal or business checks accepted.
6. A Resident Agent must be an individual, at least 21 years of age, and at time of application, must be a resident of the State of New Mexico and remain a resident of New Mexico. A Resident Agent cannot have been convicted of a felony or of two misdemeanor violations of the Liquor Control Act in any calendar year.
7. A Resident Agent must hold current servers certification. A copy of the server's certification is required with the resident agent application.

### **See FBI Notice for all fingerprints submitted to this agency** - [Applicant Notification and Record Challenge](#)

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. (*Title 42, U.S.C., §14616, Article IV (c); Title 28 C.F.R., § 50.12 (b)*)



## DOCUMENTATION REQUIRED WITH SPECIAL BED & BREAKFAST DISPENSING LICENSE APPLICATION

All supporting documentation submitted must be in the name of the **APPLICANT**. If the applicant is a partnership, corporation, LLC or trust, the Tax Registration Certificate, Leases, Deeds, Bills of Sale, etc. **must be in the name of that entity**.

1. **Application Fee** – The non-refundable application fee of \$100.00 must be enclosed or the application will be returned to you. Pages 1, 5, and 6 of the application must be signed and notarized.
2. **Food Establishment Permit** – A current permit in the name of the Applicant is required and may be obtained through the NM Environment Department, or in the City of Albuquerque or Bernalillo County 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 and Revenue Department. Applicants may obtain this documentation at any field office. For further information, call (505) 827-0700.
4. **Proof of Tenancy (Lease, Warranty Deed or Real Estate Contract)** – A complete copy of the fully executed Lease Agreement, Warranty Deed, Special Warranty Deed, or Real Estate Contract for the premises in the name of the Applicant.
  - The Lease Agreement must be signed by both parties (Lessor and Lessee). All Exhibits, Addendums, Amendments, or Subleases must accompany the Lease.
  - The Warranty Deed must be a filed and recorded copy.
5. **Floor Plan** – A copy of the detailed 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. A bed & breakfast licensee's licensed premises may only include common areas, meaning areas accessible to all guests. Submit the floor plan on an 8½ x 11 sheet of paper **for each floor**. The floor plan may be hand drawn or may be a more detailed drawing from an architect. **DO NOT** submit blueprints.
  - Floor plan must indicate which direction is North.
  - Floor plan must show the location of the main street in relation to the licensed premises.
  - Floor plan must show the entrances, exits, dining, common areas, storage areas and sleeping rooms.
  - If there are any patios or outside dining areas, indicate how they are permanently enclosed to prevent alcohol from leaving the premises. Floor plan must indicate the type and height of enclosure (example: 6 feet adobe wall). Photos of the patio and enclosure should be submitted.
6. **Proof that the Applicant is a bed & breakfast as defined in statute.** A bed & breakfast means "...a business establishment that offers temporary lodging with meals included and has a guest capacity of twenty or fewer persons."
7. **List of servers.** A list of all servers names who will be serving under the license and a copy of their valid NM server permits.

**Please submit the following documentation if applying as one of the following entities:**

### **Partnership**

**Partnership Agreement** – A complete and fully executed Partnership Agreement.

**Certificate of Partnership** – A Certificate of Partnership issued by the Secretary of State's Office (if applicable).

### **Corporation**

**Certificate of Incorporation** – A copy of the Certificate of Incorporation.

**Articles of Incorporation** – A filed copy of the Articles of Incorporation and any amendments thereto.

**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.

**Certificate of Authority** – A copy of the Certificate of Authority must be submitted for all Foreign Profit Corporations (out-of-state).

### **Limited Liability Company**

**Certificate of Organization** – A copy of the Certificate of Organization.

**Articles of Organization** – A filed copy of the Articles of Organization and any amendments thereto.

**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.

**Certificate of Authority** – A copy of the Certificate of Authority must be submitted for all Foreign Profit Companies (out-of-state).



### SPECIAL BED & BREAKFAST DISPENSING LICENSE APPLICATION

Application fee - \$100.00 Fees are non-refundable.

Application Number (AGD use) \_\_\_\_\_ Local option (AGD use) \_\_\_\_\_

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

D/B/A Name to be used: \_\_\_\_\_ Phone number for licensed premise: \_\_\_\_\_

Physical Location where license is to be used: \_\_\_\_\_  
Include: Street number / Highway Number / State Road, City, County, State & Zip

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: (if different than physical address) \_\_\_\_\_

I, (print) \_\_\_\_\_, as (title) \_\_\_\_\_ being first duly sworn upon oath deposes and says: that he/she represents or is authorized by the applicant to make this application; that he/she has read the same; knows the contents thereof, and all statements 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.

Signature of Applicant/Representative \_\_\_\_\_ Date \_\_\_\_\_

---

#### Notary Public Use Only

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

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

---

#### LOD Use Only

Local Governing Body of \_\_\_\_\_ (City or County). Hearing held on \_\_\_\_\_ 20\_\_\_\_\_

Please check one: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ City/County Official \_\_\_\_\_  
(Signature & Title)

---

#### AGD Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Director Approval \_\_\_\_\_ Date \_\_\_\_\_



**PREMISES LOCATION, OWNERSHIP, AND DESCRIPTION FOR SPECIAL BED & BREAKFAST DISPENSING LICENSE APPLICATION**  
*SS-60-6B-10*

1. The land and building which is proposed to be the licensed premises is (check one):

Owned by Applicant \_\_\_\_ Leased by Applicant (attach copy of deed or lease) \_\_\_\_ 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. Attach, on a separate sheet, the detailed floor plan for each level (floor) of the proposed premise showing the layout of the building and the entrances, exits, kitchen and the sleeping rooms. Only the common areas of the premises may be included as the licensed premises. Common areas are areas that are accessible to all guests. The floor plan should be no larger than 8 ½ x 11 inches, and must include the total square footage of the licensed premises (common areas).

4. Attach, on a separate sheet, proof that the Applicant is a bed & breakfast as defined in statute. A bed & breakfast means "...a business establishment that offers temporary lodging with meals included *and has a guest capacity of twenty or fewer persons.*"

**NOTE: Service of beer and wine is permitted only in common areas of the premises in conjunction with the service of food. No more than two six ounce servings of wine, one split of wine, or two twelve ounce servings of beer may be served per day to each registered guest of the Bed & Breakfast who is over 21 years of age are permitted. Failure to comply with these requirements could result in a citation which could lead to fines, penalties and/or suspension/revocation of the license.**





**LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP INFORMATION SHEET**  
*SS 60-6B-2(A)(b)*

- Name of Limited Partnership or General Partnership \_\_\_\_\_
- Date Partnership formed (attach copy of Partnership Agreement) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Date Partnership registered (attach copy of certificate) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Mailing address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- 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	Address	% Interest

**Limited Partners**

Name	Address	% Interest

6. Has this Partnership ever had a liquor license in which it held any interest in any State suspended or revoked, or has the Partnership been denied the issuance of a liquor license?  
No \_\_\_ Yes \_\_\_ If Yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

7. List every liquor license in which this Partnership owns any interest, direct or indirect:  
\_\_\_\_\_

**NOTE:** For each individual General or Limited Partner, submit a complete **Personal Data Information Form** (page 6), and two (2) complete fingerprints cards (cards must be obtained from the Alcohol and Gaming Division) along with fee and supporting documentation. Fingerprints must be taken by City Police, State Police, Sheriff's Office (any state), or **AGD approved agency**.



### LIMITED LIABILITY COMPANY

SS 60-6B-2A

1. Name of Limited Liability Company \_\_\_\_\_
2. Date company formed (attach copy of Operating Agreement) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Date company registered (attach copy of certificate and Article of Organization) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
5. 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 ALL MEMBERS AND MANAGERS

Name	Title	Address	% of interest/contribution

6. Has this Limited Liability Company ever had a liquor license in which it held any interest in any State suspended or revoked, or has the Limited Liability Company been denied the issuance of a liquor license? No \_\_\_ Yes \_\_\_ If Yes, provide details:

\_\_\_\_\_

7. List every liquor license in which this Limited Liability Company owns any interest, direct or indirect:

\_\_\_\_\_

**NOTE:** For each individual Member, submit a complete *Personal Data Information Form* (page 6), and two (2) complete fingerprints cards (cards must be obtained from the Alcohol and Gaming Division) along with fee and supporting documentation. Fingerprints must be taken by City Police, State Police, Sheriff's Office (any state), or AGD approved agency.

Return this form to the Alcohol and Gaming Division, PO Box 25101, Santa Fe, New Mexico 87505-5101.



**TRUST**

1. Name of Trust \_\_\_\_\_
2. Date Trust formed (attach copy of entire Trust Agreement) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Names and addresses of all Trustees and each Beneficiary of the Trust – full disclosure is required. If a Trustee or Beneficiary is a corporation, Limited Liability Company or a General or Limited Partnership, complete the appropriate corporation information on Page 4, or appropriate Partnership Statement (Page 3).

**LIST ALL TRUSTEES AND BENEFICIARIES**

Name	Title	Address	% of interest

5. Has this Trust ever had a liquor license in which it held any interest in any State suspended or revoked, or has the Trust been denied the issuance of a liquor license? No \_\_\_ Yes \_\_\_ If Yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

6. List every liquor license in which this Trust owns any interest, direct or indirect

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** For each individual Trustee and/or Beneficiary, submit a complete *Personal Data Information Form* (page 6), and attach two (2) complete fingerprints cards (cards must be obtained from the Alcohol and Gaming Division) along with fee and supporting documentation. Fingerprints must be taken by City Police, State Police, Sheriff's Office (any state), or AGD approved agency.

Return this form to the Alcohol and Gaming Division, PO Box 25101, Santa Fe, New Mexico 87505-5101.



**CORPORATION**

SS 60-6B-2

Name of Corporation: \_\_\_\_\_  
(Corporations must 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 complete names and addresses of all officers and directors of the Corporation, also the names and addresses of all stockholders of 10% or more of the stock in the Corporation. If a stockholder of 10% or more of the stock is any other legal entity, complete the appropriate disclosure page for the stockholding entity.

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

**USE ADDITIONAL PAGES IF NECESSARY.**

Has this Corporation ever had a liquor license in which it held any interest in any State suspended or revoked, or has the Corporation been denied the issuance of a liquor license?  
No \_\_\_ Yes \_\_\_ If Yes, provide details:

\_\_\_\_\_

List every liquor license in which the Corporation holds any interest, direct or indirect: \_\_\_\_\_

Has this Corporation ever been convicted of a felony? No \_\_\_ Yes \_\_\_ If Yes, provide details:

\_\_\_\_\_

**\*\* Note:** For each individual applicant, partner, officer, director, and stockholder of 10% or more of stock in corporation, submit a complete **Personal Data Information Form** (page 6) and attach two (2) complete fingerprint cards (cards must be obtained from the Alcohol and Gaming Division) along with fee and supporting documentation. Fingerprints must be taken by City Police, State Police, Sheriff's Office (any state), or AGD approved agency.



**DESIGNATION OF RESIDENT AGENT**

Fee \$50. (Excludes non-profit organizations.)

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

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

KNOW ALL MEN BY THESE PRESENTS 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.

**Please check the correct box**  Initial or Replacing Resident Agent  
 Adding another Resident Agent

*You must sign and date this form in the presence of a notary public.*

Signature of Officer of Corporation/LLC/Partnership/Trust \_\_\_\_\_ Title \_\_\_\_\_

**ACKNOWLEDGEMENT FOR COMPANY**

State of \_\_\_\_\_ County of \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ by (appointing officer print name) \_\_\_\_\_

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

**ACCEPTANCE**

I, (print name) \_\_\_\_\_, hereby accept the appointment as Resident Agent. I am a resident of the State of New Mexico. I am the Resident Agent for the following numbered New Mexico Liquor License(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

*You must sign and date this form in the presence of a notary public.*

**I certify that I am a resident of the state of New Mexico**

Signature of Resident Agent \_\_\_\_\_ Expiration Date of Servers Certification \_\_\_\_\_

(Copy of permit required)

**ACKNOWLEDGEMENT FOR NATURAL PERSONS**

State of \_\_\_\_\_ County of \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ by (accepting RA print name) \_\_\_\_\_

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

**For Alcohol and Gaming Division Use Only**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Director's Signature \_\_\_\_\_ Date \_\_\_\_\_



**PERSONAL DATA INFORMATION AND AFFIDAVIT**

**Liquor License # \_\_\_\_\_ or Application # \_\_\_\_\_**

**INSTRUCTIONS:** Submit this page for each individual applicant, each 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. Make additional copies of this page if necessary.

Name (print) First \_\_\_\_\_ Last \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
Residence address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business address: \_\_\_\_\_ Business phone: \_\_\_\_\_  
SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's license # \_\_\_\_\_ State of issue \_\_\_\_\_ Citizenship \_\_\_\_\_ Resident Alien# \_\_\_\_\_

Male  Female

Yes  No  Are you married?

Yes  No  Has your spouse ever been convicted of a felony in any jurisdiction? *If yes, provide details:* \_\_\_\_\_

If you have been known by any other name, attach a list showing dates and reason for other name(s). (Example: maiden name). Attach additional pages if necessary.

Name	Date of change	Reason for Change
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Yes  No  Have you been convicted of a felony? *If yes, provide details:* \_\_\_\_\_

Yes  No  N/A  Has the Governor restored to you the privilege to receive and hold a liquor license? *If yes, attach copy of documentation.*

Yes  No  Have you been convicted of two separate misdemeanor violations of the New Mexico Liquor Control Act in any calendar year?

*If yes, provide details:* \_\_\_\_\_

Yes  No  Have you ever had an application for a liquor license denied or had a liquor license in which you held any interest in any state suspended or revoked?

*If yes, provide details:* \_\_\_\_\_

Yes  No  Are you at least 21 years of age?

**List every liquor license by number and State in which you directly or indirectly own any interest:** \_\_\_\_\_

**Be sure that all questions have been answered.**

***You must sign and date this form in the presence of a notary public.***

I, (print name) \_\_\_\_\_ swear that the information contained on this form is true, 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 \_\_\_\_\_

**NOTARY PUBLIC USE ONLY**

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ by \_\_\_\_\_

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

**\*\* Each person required to complete this page and required to submit fingerprints, attach two (2) complete fingerprints cards (cards must be obtained from the Alcohol and Gaming Division) along with fee and supporting documentation. Fingerprints must be taken by City Police, State Police, Sheriff's Office (any state), or AGD approved agency. A \$44.00 money order payable to 3M Cogent must accompany EACH PERSONS SET OF FINGERPRINTS.**