



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

STATE OF NEW MEXICO
MICHELLE LUJAN GRISHAM, GOVERNOR
Linda M. Trujillo, Superintendent
Andrew Vallejos, Director

CLUB Non-Profit Organization Application | \$200.00 Application Fee, non-refundable

ABC USE ONLY: Application Fee \$ _____ Received on: _____ Receipt No. _____
License Fee \$ _____ Received on: _____ Receipt No. _____
Application Number: _____ Local Option District: _____

Applicant is a Non-Profit Organization, Corporation No.: _____ **Formed on:** _____

NAME OF APPLICANT: _____

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

Mailing Address: _____

Email (required): _____

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

Contact Person: _____ **Phone #:** _____ **Email:** _____

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

NON-PROFIT INFORMATION:

Name of club and chapter, lodge number, etc.: _____

Is Club Affiliated with National or International Organization? ☐ Yes ☐ No

Name of parent organization: _____ Phone: _____

Address: _____

Club has been in existence for: _____ number of years and was Chartered on: _____

Club is to be operated for non-profit to members: ☐ Yes ☐ No

Club has fifty (50) or more current members: ☐ Yes, with Membership List attached ☐ No

Club is tax exempt from payment of income tax to IRS, per Section 501-A IRS CODE. ☐ Yes ☐ No

(Attach current copy of Certificate or Letter of Exemption, issued within last two (2) years)

Organization which this club supports or donates to: _____

CORPORATE INFORMATION:

New Mexico Non-Profit Corporations must be in good standing with the Office of the Secretary of State Business Services Division (SOSBSD), and should have the names of the principal Officers/Directors as listed below.

Principal Officers are the positions equivalent to the President, Vice President, Secretary and Treasurer, of your organization. List the names of any Directors listed at SOSBSD, and identify the Resident Agent. Include a signed copy of the Meeting Minutes reflecting the Officers/Directors elected. List Name and Title of the Officers and

Directors below:

OFFICERS: Name | Title

DIRECTORS: Name | Title



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 of this Corporation ever been convicted of a felony? ☐ No ☐ Yes, detailed as follows: _____

Note: All managing members must also be Server Certified and for each Officer/Director of Corporation, complete the Personal Data Affidavit -Page 5

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
Date my Commission Expires: _____

Local Option District Use Only: Local Governing Body of _____ City, County, Village
Public Hearing held on _____ 20____ Please check one: ☐ Approved ☐ Disapproved
Signature of City/County Official: _____ Title: _____

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 Yes ☐ No ☐ 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, *check 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: ☐ 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.



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 % of Stok Held	Name	Title (Officers, Directors, & Stockholders)	Complete Address

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, or
☐ 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.



DESIGNATION OF RESIDENT AGENT | \$50.00 Fee: all fees non-refundable | Page 5

ABC USE ONLY: Application Fee \$ _____ Received on: _____ Receipt No. _____

Liquor License Number _____ **Application Number:** _____

Name of Corporation/LLC/Partnership/Trust (print) _____

D/B/A Name: _____

Appointment of Resident Agent

KNOW ALL MEN BY THESE PRESENT that the above-named company on this form 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, 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: _____

Appointed and Submitted by Authorized Officer of Corporation/ LLC/ Partnership/ Trust:

Acknowledgement by Officer Appointing Agent | Sign in the presence of a Notary Public.

Signature: _____ Title _____

Notary Public Use Only: (State of _____, County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ **SEAL**

By: _____ Notary Public: _____

Date 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: _____ Fingerprint Number: _____ Cleared on: _____

Acknowledgement for Natural Persons | Sign in the presence of a Notary Public.

Signature of Resident Agent: _____ Date: _____

Notary Public Use Only: (State of _____, County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ **SEAL**

By: _____ Notary Public: _____

Date my Commission Expires: _____

For Alcoholic Beverage Control Division Use Only: ☐ Approved ☐ Disapproved

Signed by Director: _____ Date: _____



PERSONAL DATA AFFIDAVIT | Page 6

ABC USE ONLY: Fingerprints submitted on: _____ Cleared on: _____ Fingerprint Number: _____

Liquor License Number _____ **or Application Number** _____

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 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.

First Name: _____ Last Name: _____

SS # _____ - _____ - _____ Birth Date: ____/____/____ Contact Number: _____

Residence Address: _____ City/State/Zip: _____

Business Address: _____ City/State/Zip: _____

Email Address: _____ Business Phone: _____

Driver's license: State: _____ DL No. _____

☐ U.S. Citizenship ☐ Citizen of: _____ Birthplace: _____ Resident Alien # _____

Male ☐ **Female** ☐ Are you at least 21 years of age **Yes** ☐ **No** ☐ Are you married **Yes** ☐ **No** ☐

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 of Change: _____

Reason for Change: _____

Have you been Convicted of a Felony? **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:* _____

Do you directly or indirectly own any interest in a Liquor License? **Yes** ☐ **No** ☐ If yes, list every Liquor License by number and State in which you directly or indirectly own any interest: _____

☐ **see attached list**

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**

Server Permit Number: _____ **Expiration date:** _____

You must sign and date this form in the presence of 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: _____

Notary Public Use Only: (State of _____, County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____

SEAL

By: _____ Notary Public: _____

Date my Commission Expires: _____



SUNDAY SALES APPLICATION | Page 7

ABC USE ONLY: Application Fee \$ _____ Received on: _____ Receipt No. _____

Application Number: _____ Local Option District: _____

Liquor License Number: _____ or Application Number: _____

Non-transferable, fees non-refundable, check type of sales applying for:

☐ Sunday Sales **BY THE DRINK, with \$100 Fee**

(Print clearly)

Name of Applicant: _____

DBA Name: _____

Type of Liquor License applied for: _____

Physical location of licensed premises: _____

City: _____ State: _____ Zip: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

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: _____

For Alcoholic Beverage Control Division Use Only: ☐ Approved ☐ Disapproved

Signed by Director: _____ Date: _____



Club Non-Profit Organization Application Checklist

ABC Use Only: ABC Date Received: _____ Hearing Officer Date Received: _____
Application Number: _____ Assigned License Number: _____

Applicant Name: _____

D/B/A Name: _____

Location Address: _____

Mailing Address: _____

Contact: _____ Phone: _____ Email: _____

Page 1 completed & submitted **Yes** ☐ **No** ☐ Application fee submitted? **Yes** ☐ **No** ☐ Amount paid \$ _____

Tax Registration Certificate in the name of Applicant **Yes** ☐ **No** ☐ Comment: _____

Club has at least 50 due paying Members **Yes** ☐ **No** ☐ Comment: _____

Page 2 Premises, Location? **Yes** ☐ **No** ☐ Comment: _____

Proof of Tenancy 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: _____

Is there a Patio **Yes** ☐ **No** ☐ Enclosed by 3ft Barrier /Description _____ Contiguous **Yes** ☐ **No** ☐

Photos of 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** ☐

Page 3B Corporation **Yes** ☐ **No** ☐ Comment: _____

Certificate of Incorporation? **Yes** ☐ **No** ☐ Articles of Incorporation? **Yes** ☐ **No** ☐ Certificate of Good Standing?

Yes ☐ **No** ☐ Copy of By-Laws: **Yes** ☐ **No** ☐ Comment: _____

Copy of Membership Roster: **Yes** ☐ **No** ☐ Affidavit signed by National Organization: **Yes** ☐ **No** ☐

Proof of Exemption from IRS, within last two years: ☐ **Yes**, Certificate of Tax Exemption / Letter ☐ **No**

Comment: _____

Page 5 Resident Agent, for Corporation, LLC, Partnership or Trust **Yes** ☐ **No** ☐

Name: _____ Permit # _____ Expires: _____

Page 6 – Personal Data Affidavit, for each person requiring disclosure **Yes** ☐ **No** ☐ Comment: _____

Name	Title	Fingerprint No.	Fingerprint cleared on	Servers permit No.	Server permit expiration date

Revised 2.2021



INSTRUCTIONS -CLUB LICENSE – Non-Profit Organizations

§60-3A-3 Definitions: E. "club" means:

- (1) **any nonprofit group**, including an auxiliary or subsidiary group, organized and operated under the laws of this state, **with a membership of not less than fifty members who pay membership dues at the rate of not less than five dollars (\$5.00) per year** and who, under the constitution and bylaws of the club, have all voting rights and full membership privileges, and which group is the owner, lessee or occupant of premises used exclusively for club purposes and which group the director finds:
 - (a) is operated solely for recreation, social, patriotic, political, benevolent or athletic purposes; and
 - (b) has been granted an exemption by the United States from the payment of the federal income tax as a club under the provisions of Section 501(a) of the Internal Revenue Code of 1986, as amended, or, if the applicant has not operated as a club for a sufficient time to be eligible for the income tax exemption, it must execute and file with the director a sworn letter of intent declaring that it will, in good faith, apply for an income tax exemption as soon as it is eligible; or
- (2) an airline passenger membership club operated by an air common carrier that maintains or operates a clubroom at an international airport terminal. As used in this paragraph, "air common carrier" means a person engaged in regularly scheduled air transportation between fixed termini under a certificate of public convenience and necessity issued by the federal aviation administration;

NMAC 15.10.54.8 SALES LIMITED TO MEMBERS AND GUESTS:

- A. Whenever a member invites one or more bona fide guests to use the club's alcoholic beverage facilities, the club shall be responsible for identifying each bona fide guest and the club member responsible for such guest.
- B. A member who has invited bona fide guests to use club facilities shall be present at all times while the guests are on the club premises. Except as otherwise permitted by law, no person other than the club members, bona fide guests, and club employees shall be allowed on any part of the licensed premises where alcoholic beverages are being sold, served, or consumed under the club license.

ALL HOLDERS OF A CLUB LIQUOR LICENSE MUST BE REGISTERED NON-PROFIT ORGANIZATION.

Complete Page 1 Application, Page 2 Premises Location, Ownership and Description, Page 5 Designation of Resident Agent, Page 6 Personal Data Affidavit

1. **CLUB Application must** list only those Officers and/or Directors involved with the management of the liquor license. Application pages must be notarized. All Officers/Directors listed on the Club License must submit a Personal Data Affidavit, be clear of any felonies and if not already submitted for AGD, must submit Fingerprints and obtain FBI Clearance and if managing or making decisions about the liquor license, must also have a valid Alcohol Server Permit.
2. **Must also submit copy of the following documentation, in the name of Applicant:**
 - **Tax Registration Certificate**
 - **Lease/Deed as proof of Tenancy**
 - **Zoning Statement/Verification allowing sale/service of alcoholic beverages**
 - **Detailed Floor Plan of Entire premises, including patio if applicable**
 - **Tax Exempt Status**, a Certificate or Letter of Exemption, issued within last two years per Section 501-A IRS CODE
 - **Certified copy of Certificate of Incorporation and Articles of Incorporation:** if a Foreign Corporation, must also include certified copy of New Mexico Certificate of Authority
 - **Copy of By-Laws**
 - **Copy of Membership Roster** and/or Notarized Affidavit from National Organization verifying number of members



3. **Submit copy of the Non-profit Corporate Report** that was submitted to SOSCBS, records must match. Officers and Directors listed on the COA should match the names of the current Officers and Directors on any inquiry done on-line at this web address: http://www.sos.state.nm.us/Business_Services/ or contact them at (505) 827-4511 or 800-477-3632 or email: corporations@state.nm.us. Corporation must be in Good Standing with the Office of the Secretary of State Business Services Division (SOSCBS).
4. **MINUTES:** You must submit a signed copy of the Minutes, verifying the election of the new Officers/Directors.
5. **Designated Resident Agent:** Club must appoint a Resident Agent - page 6, that is responsible and will serve as the contact person for the Liquor License. An Officer of the Corporation should appoint the Resident Agent and sign/notarize the top portion of the application. The newly appointed Resident Agent accepts the appointment and must sign/date in front of a notary on the bottom portion.
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; 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.
6. **Personal Data Information and Affidavit:** complete for each Officer, Director and Resident Agent. Ensure that ALL questions have been answered.
7. **Sunday Sales by the Drink:** Sunday Sales by the drink 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
8. **Fingerprints required for:** The Chief Commander, President, Vice President, Treasurer and any Officer or Director who has direct control over operating the Liquor License, and the Resident Agent, must register with Gemalto online at <https://www.aps.gemalto.com> **ONLY** if they have never been fingerprinted for this Agency before.

