

NM REGULATION AND LICENSING DEPARTMENT
ALCOHOL AND GAMING DIVISION

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

**PHYSICAL ADDRESS: TONEY ANAYA BUILDING
2550 CERRILLOS ROAD, 2ND FLOOR SANTA FE, NM**

PH: (505) 476-4875 FAX: (505) 476-4595

www.rld.state.nm.us/alcoholandgaming



**WHOLESALE LIQUOR LICENSE
APPLICATION**



INSTRUCTIONS FOR WHOLESALER LIQUOR LICENSE APPLICATION

1. The non-refundable Application Fee of \$200.00, and if applicable, the \$50.00 Resident Agent Fee must be enclosed or the application will be returned to you. **Keep a copy of the complete application packet for your records.**
2. **Identify the Type of Wholesaler License applying for:**
BEER \$1,000 | WINE \$750 | BEER/WINE \$1,500 | SPIRITS \$1,500 | SPIRITS/WINE \$1,750 | SPIRITS /BEER /WINE \$2,500
LIMITED BEER BASED ON PRODUCTION, Must also hold a Restaurant or Dispenser type license AND a Small Brewer License
\$25 UP TO 5,000G, \$100 OVER 5,000 GALLONS
LIMITED WINE BASED ON PRODUCTION, Must also hold a Restaurant or Dispenser type license AND a Winegrower License
\$25 UP TO 5,000 GALLONS, \$100 OVER 5,000 GALLONS
3. **Checklist**, use to assist you in submitting all the required documentation; **submit with application.**
4. **Appointment of Representative** – If Applicant is represented by an attorney, broker, CPA, etc., include a signed/dated letter, which authorizes AGD to disclose information and allows the appointee to speak/act on behalf of applicant.
5. PAGES 1, 5, and 6 MUST BE SIGNED AND NOTARIZED.
6. 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, etc., **must be in the name of that entity.**
7. **Fingerprints <OBTAIN FINGERPRINT PACKET FROM AGD WEBSITE FOR INSTRUCTIONS AND FORMS:** 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 after date fingerprints were submitted, they'll need to register with Cogent online at www.cogentid.com If fingerprints cannot be done by Livescan with Cogent, please contact AGD at (505) 476-4875 or consult AGD website for instructions.

EXPLANATION OF REQUIRED DOCUMENTS: ALL DOCUMENTS LISTED BELOW ARE REQUIRED FOR A WHOLESALER LIQUOR LICENSE:

PAGE 1 – APPLICATION

1. **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.
2. **Federal Basic Permit** – If you have obtained this already, submit a copy, otherwise, include a copy of your application with the approval to be submitted before final review.
3. **Licensing Fee** – Will only be accepted at Final Review, Applicant will be notified when to submit this. Type and Fee:
BEER \$1,000 | WINE \$750 | BEER/WINE \$1,500 | SPIRITS \$1,500 | SPIRITS/WINE \$1,750 | SPIRITS /BEER /WINE \$2,500
LIMITED BEER BASED ON PRODUCTION, Must also hold a Restaurant or Dispenser type license AND a Small Brewer License
\$25 UP TO 5,000 GALLONS, \$100 OVER 5,000 GALLONS
LIMITED WINE BASED ON PRODUCTION, Must also hold a Restaurant or Dispenser type license AND a Winegrower License
\$25 UP TO 5,000 GALLONS, \$100 OVER 5,000 GALLONS

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 sale, service and/or manufacturing 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 – need permission for Wholesaling, Storage and Selling alcoholic beverages. (example: On-premises consumption of alcohol is a permitted use within this zone; with or without Patio Service permitted; Manufacturing permitted use; 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, 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. Name of Applicant, Physical Address and clearly mark which direction is North.
 - b. Location of the main street in relation to the licensed premises.
 - c. Label Floor Plan, include Bonded Areas and show Storage areas and Manufacturing areas, if applicable; Layout must show the entrances, exits, and storage areas.
 - d. List Total Square Footage, including Patio, if applicable (example: 2,500 square feet or 2,000 +500 patio =2,500).

Only if proposed premises is between 300 and 400 feet of the nearest church or school, you will need:

4. **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,
5. **Waiver** – A copy of the approved Waiver from the Local Governing Body, on official letterhead.
 6. **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 Affidavit form**. **Each individual, Principal Officer, Director, Member, Manager, Partner and each Shareholder who owns a 10% interest or more must be Fingerprinted.** **All Owners that run operations, on-site Managers, Managing Members and Resident Agents must obtain and/or maintain a valid Alcohol Server Certification Permit.**

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, to act 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.
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 Data 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 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.

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



AGD USE ONLY: Payment| Application Fee \$ _____ Received on: _____ Receipt No. _____
License Fee \$ _____ Received on: _____ Receipt No. _____
Application # _____ Local Option District: _____

WHOLESALE LIQUOR LICENSE APPLICATION

\$200.00 Application Fee, non-refundable. *Check appropriate boxes:*

TYPE OF WHOLESALE: [Licensing Fee due at Final] ☐ BEER [\$1,000] ☐ WINE [\$750] ☐ BEER & WINE [\$1,500]
☐ SPIRITS [\$1,500] ☐ SPIRITS & WINE [\$1,750] ☐ SPIRITS & BEER & WINE [\$2,500]
☐ LIMITED BEER* Based on Production, Master License No. _____ and _____
☐ LIMITED WINE** Based on Production, Master License No. _____ and _____

To Qualify for Limited Wholesaler, Applicant must hold a*Small Brewer / **Winegrower AND a Restaurant or Dispenser type License

APPLICANT IS: ☐ Individual ☐ Limited Liability Company ☐ Corporation ☐ Partnership (General / Limited)

NAME OF APPLICANT: (Company or Individual) _____

TELEPHONE NUMBER _____

Email Address (required): _____

MAILING ADDRESS: (include city, state, zip) _____

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

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

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

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

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 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: _____

My Commission Expires: _____

SEAL

FOR LOCAL OPTION DISTRICT USE ONLY: Local Governing Body of: _____ City, County, Town, Village

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

Signature and Title of City/County Official: _____

FOR ALCOHOL AND GAMING DIVISION USE ONLY: ☐ Approved ☐ Disapproved

Signed by Director: _____ Date: _____

WHOLESALE APPLICATION CHECKLIST

☐ BEER \$1,000 ☐ WINE \$750 ☐ BEER/WINE \$1,500 ☐ SPIRITS \$1,500 ☐ SPIRITS/WINE \$1,750 ☐ SPIRITS /BEER /WINE \$2,500
☐ LIMITED BEER, must hold a Small Brewer, License No. _____ AND a Restaurant or Dispenser type License, License No. _____
☐ LIMITED WINE, must hold a Winegrower, License No. _____ AND a Restaurant or Dispenser type License, License No. _____

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: _____

****What types of Alcohol will the Applicant Wholesale? (must match Page 1 of the Application and Federal Basic Permit)**

*Does Applicant own any other types of Liquor Licenses? ____ Yes ____ No ^{if applies>} Master License No. _____

If yes, which Types? _____

PAGE 1 COMPLETED & SUBMITTED? ____ Yes ____ No Comment: _____

Application fee submitted? ____ Yes ____ No Amount paid \$ _____ Comment: _____

Tax Registration Certificate, in Applicant's name? ____ Yes ____ No Comment: _____

Federal Basic Permit, in Applicant's name? ____ Yes ____ No Comment: _____

Initial License Fee, due at Final, Paid \$ _____ on: _____

PAGE 2 PREMISES, LOCATION? ____ Yes ____ No Comment: _____

Lease or Deed for the premises, in Applicant's name? ____ Yes ____ No Comment: _____

Zoning Statement, allowing Wholesaling? ____ Yes ____ No Comment: _____

Floor Plan? ____ Yes ____ No Total Square Footage for the premises? _____ Comment: _____

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 Comment: _____

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: _____

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



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),
Miles: _____ 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.



LIMITED LIABILITY COMPANY- NMSA §60-6B-2.A(6)

1. Name of Limited Liability Company: _____
2. Company Formed on: _____, with **copy of Operating Agreement attached.**
3. Company Registered on: _____, with a **copy of Certificate and Article of Organization attached.**
4. Mailing Address: _____
- City: _____ State: _____ Zip: _____ Phone: _____

5. **LIST ALL MEMBERS AND MANAGERS;** 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 % of Interest/Contribution | Title | Name | Complete Address

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has this LLC ever had a liquor license in which it held any interest in any State suspended or revoked? ☐ No ☐ Yes, if so, provide details: _____
7. List every Liquor License in which this LLC 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 LLC ever been convicted of a felony? ☐ No ☐ Yes, detailed as follows: _____

NOTE: Each individual Member must submit a **Personal Data Affidavit form** (page 6). All Members who own 10% or more must submit Fingerprints. All Managing Members must also be Server Certified.

CORPORATION- *NMSA §60-6B-2.A(4)*

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.



LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP - NMSA §60-6B-2.A(5)

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: LIST % Stock Held |Title |Name |Complete Address

% Stock Held	Title	Name	Complete Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

% Stock Held	Title	Name	Complete Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.



TRUST- NMSA §60-6B-2.A(7)

1. Name of Trust: _____

2. Trust Formed on: _____ Phone: _____

3. Mailing Address: _____ State: _____ Zip: _____

4. Names and addresses of all Trustees and each Beneficiary of the Trust – full disclosure is required, *for each Trustee and for each Beneficiary who has control over Trust property and income or who receives substantial and regular distributions from the Trust*. If a Trustee or Beneficiary is a Corporation, Limited Liability Company or a General or Limited Partnership, complete the appropriate LLC, Corporation or Partnership page(s).

LIST ALL TRUSTEES AND BENEFICIARIES

% of Interest/Contribution | Title | Name | Address

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Has this Trust ever had a liquor license in which it held any interest in any State suspended or revoked? ☐ No ☐ Yes, detailed as follows: _____

6. List every liquor license in which this Trust owns any interest, direct or indirect: ☐ None ☐ See Attached ☐ As follows: _____

7. Has any principal Officer, Director, Trustee or Beneficiary that holds 10% or more of this Trust ever been convicted of a felony? ☐ No ☐ Yes, detailed as follows: _____

NOTE: Each individual Trustee and/or Beneficiary must submit a Personal Data Affidavit Form (Page 6), and must be Fingerprinted. All Managing Members must also be Server Certified.



AGD USE ONLY: Payment| Application Fee \$ _____ Received on: _____ Receipt No. _____

DESIGNATION OF RESIDENT AGENT – \$50.00 non-refundable fee

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 ALCOHOL AND GAMING DIVISION USE ONLY: Fingerprints submitted on: _____ Cleared on: _____

☐ Approved ☐ Disapproved

Signed by Director: _____ Date: _____



AGD use only| Fingerprints #/Received on: _____ Cleared on: _____ Server Permit# _____ Expires: _____
Liquor License # _____ or Application # _____

PERSONAL DATA AFFIDAVIT

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.

Print clearly.

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 of a Felony? ☐ Yes ☐ No If yes, provide details: _____ and,

has the Governor restored your privilege to receive and hold a Liquor License? ☐ Yes, copy attached ☐ No ☐ N/A

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, the following: _____

☐ Yes, see attached, listing all License No.(s) and State(s) ☐ No

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

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: _____

My Commission Expires: _____

SEAL