

INSTRUCTIONS

CONVERSION OF LEASED LICENSE TO RESTAURANT 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 from a Dispenser-type License to a Restaurant 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 Permit Application:

1. **Termination of Lease Letter** – Applicant must notify Lessor of current leased license and upon termination, leased license will need to be placed in voluntary suspension pending relocation to another establishment.
2. **Wholesaler Statement of Debt Clearance** – Verification that leased license is free and clear of any debts, form is on our website.
3. **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.
4. **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.
5. **NM Business License** – Current, in the name of the Applicant.
6. **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.).
7. **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).
8. **Photos** – include Interior of premises, Kitchen Area, Prep Area, Dining Area, food counters, location/storage of alcohol, and Exterior /patio and fencing, if applicable.

Note: Checklist, located on the last page, is for ABC use when application is submitted for review.





For Dispenser or Inter-Local Type Leased License

Convert Leased Liquor License Application | \$200.00 Application Fee, non-refundable

ABC USE ONLY: Application Fee \$200.00 Received on: _____ Receipt No. _____

License Fee \$ _____ Received on: _____ Receipt No. _____

Application Number: _____ Local Option District: _____

Current Leased Liquor License No. _____ Type: _____

Term of Lease: _____ *Check appropriate boxes*

Lessor has been notified by a Termination of Lease Letter Yes, attached No

CONVERT to Restaurant B License | Beer, Wine & Spirits | \$10,000.00 License Fee, pro-rated, due at final

Applicant is: Individual Limited Liability Company Corporation Partnership (General/Limited)

Applicant /Company Name: _____

D/B/A Name: _____

Email: (required) _____ Business Phone No: _____

Mailing Address: _____

Physical location, if different: _____
(Include Street number / Hwy number / State Road, City, State, and Zip Code)

County: _____

I have leased current Liquor License, which is in good standing. Yes No

I have attached a Wholesaler Statement of Debt Clearance, showing that the Leased License is free and clear of outstanding debts. Yes No

Proof of Tenancy: Own Lease Property is in Applicant's name? Yes No

I have a current 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, attached No

Are alcoholic beverages currently being dispensed at the proposed location? Yes No

As defined in §60-3A-3. V. "Restaurant", means an establishment having a New Mexico resident as a proprietor or manager that is held out to the public as a place where food is prepared and served primarily for on-premises consumption to the general public in consideration of payment and that has a dining room, a kitchen and the employees necessary for preparing, cooking and serving food; provided that "restaurant" does not include establishments as defined in rules promulgated by the director serving only hamburgers, sandwiches, salads and other fast foods ; I qualify as a "Restaurant"? Yes No

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



Tax Registration Certificate? Yes, attached No
New Mexico Business License? Yes, attached No
Current Resident Agent? Yes No None

Name of R.A.: _____ Phone #: _____ Email: _____

I have attached photos of the Dining Room and Kitchen and included a copy of the Menu. Yes No
Days and Hours of Operation? _____

I understand that converting from a Dispenser-type License to a Restaurant License requires that the establishment is not a bar-like setting and 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? Yes No

I understand that converting to a Restaurant B License only allows serving a single patron no more than three drinks, containing not more than one and one-half ounces of spirituous liquor, during any one visit to the restaurant. Yes No

You must sign before a Notary Public.

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.

Signature of Applicant: _____ 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 on: _____

ABC USE ONLY:

APPROVED DISAPPROVED, _____

Done this _____ Day of _____, 20____.

SIGNED BY DIRECTOR: _____

ASSIGNED LICENSE NO. _____ **EXPIRES ON:** _____

Reviewed, with copy sent to Licensee via Email, Fax, 1st class mail

By: _____ Date: _____



LEASED LICENSE CONVERSION TO RESTAURANT B LICENSE 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 _____

LEASE:

Leased License No.: _____ Owner: _____

HOLDS? Yes No Type / Reason: _____

Wholesaler Statement of Debt Clearance? Yes No _____

Termination of Lease Yes No Term: _____ Date of Termination: _____

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

Note: Does not require Page 2 Location | If applicable Page 3, 4, 5:

Page 3A Limited Liability Company Yes No _____

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 _____

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

Page 3C Partnership Yes No _____

Is the Applicant a General Partnership or Limited Partnership

Fully executed Partnership Agreement Yes No Registered with Secretary of State's Office Yes No

Page 4 Trust Yes No _____

Page 5 Designated Resident Agent: Yes No Comment: _____

