

INSTRUCTIONS FOR RESTAURANT LIQUOR LICENSE APPLICATION

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. **Keep a copy of the complete application packet for your records.**

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

Checklist, use to assist you in submitting all the required documentation; **submit with application.**

Appointment of Representative – If Applicant is represented by an attorney, broker, CPA, etc., include a signed/dated letter, which authorizes ABC to disclose information and allows the appointee to speak/act on behalf of Applicant.

Pages 1, 5, and 6 must be signed and notarized.

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.**

Fingerprints <Obtain fingerprint packet with instructions and forms from ABC website: 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 Gemalto online at www.aps.gemalto.com. If fingerprints cannot be done by Livescan with Gemalto, please contact ABC at (505) 476-4875 or consult ABC website for instructions.

EXPLANATION OF REQUIRED DOCUMENTS:

Page 1 – Application

1. **Menu** – 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.
2. **Food Establishment Permit** – A current permit in the name of the Applicant required, and may be obtained through the NM Environment Department, or you may need to 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 & Revenue Department. Applicant may obtain at any field office, call (505) 827-0700, or online.
4. **Licensing Fee** – Due at the time of final approval,

pro-rated, finalize from:	Nov-Jan	Feb-Apr	May-July	Aug-Oct
Type A Beer & Wine:	\$1,050	\$787.50	\$525	\$262.50
Type B Beer, Wine, Spirits:	\$10,000	\$7,500	\$5,000	\$2,500



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 and/or service 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** – 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 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 applied 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).
3. **Detailed Floor Plan with Photos** – A Floor Plan for the proposed premises, showing the entrances/exits, kitchen, 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, must show the entrances, exits, storage areas, Kitchen, Dining Areas, food counter or Patio area, if applicable.
 - d. List Total Square Footage, including Patio, if applicable (example: 2,500 square feet or 2,000 +500 patio =2,500).
 - e. Show any and all Patios and/or Outside Areas, indicate how they are permanently enclosed to prevent alcohol from leaving the premises. Label the type of enclosure used and the height, include photos. (example: 6 foot adobe wall with 5 foot wood gate).
 - f. **Bar service is not permitted. No bar areas will be approved under this type of license, however a prep station for wait staff to prepare the beverages for delivery to the tables is allowed. All food and drinks must be delivered by wait staff to individual tables or customers seated at food counter.**
4. **Photos** – include Interior of premises, Kitchen Area, Prep Area, Dining Area, food counters, location/storage of alcohol, and Exterior /patio and fencing, if applicable.

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

1. **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,**
2. **Waiver** – A copy of the approved Waiver from the Local Governing Body, on official letterhead.
3. **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 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:** an individual, at least 21 years of age, and at time of application; Reside in the State of New Mexico and maintain residency; Hold a current Servers Certification Permit, attach a copy to application; Fingerprinted; 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, Resident Agent, 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 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, serves or delivers 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, Employees that deliver alcoholic beverages with food, Convenience or Grocery Store Clerks, and the Designated Resident Agent for the License.

HOURS OF OPERATION and Sale /Service:

A Restaurant License allows for the sale and service of alcoholic beverages by the DRINK. The establishment may not be a bar-like setting and the hours for sales and/or service of alcoholic beverages are from Monday through Sunday, from 7:00am to 11:00pm only or until food sale and service ceases, whichever is earlier.

Serving Size per drink: Beer 12 ounces | Wine 5 ounces | Spirit 80-proof 1.5 ounce | Spirit 100-proof 1 ounce
Fermented Liquor – Wine 5 ounces or Beer 12 ounces

Restaurant A – Beer and Wine only

Restaurant A + NM Produced Spirits Permit – Beer, Wine and only NM produced Spirits

Note: May obtain Permit only after 12 months of operating under Beer/Wine License.

- In addition to the sale and service of Beer and Wine, you can also sell and serve New Mexico spirituous liquors produced or bottled by or for a New Mexico Craft Distiller.
- Alcoholic Beverages shall not contain more than one and one-half ounces of spirituous liquor.

Restaurant B – Beer, Wine and Spirits, you may only Serve customer Three (3) drinks containing not more than one and one-half ounces of spirituous liquor during one visit.

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





NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

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

Restaurant 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: _____

TYPE of APPLICATION: *Check appropriate box*

☐ Restaurant A | Beer & Wine only | License Fee, pro-rated, due at final: \$1,050.00

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

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: _____

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

As defined in §60-3A-3. V. "Restaurant", *means an establishment having a New Mexico resident as a proprietor or manager ... 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; ... 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

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 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

Contact Person: _____ Phone #: _____ Email: _____



Application 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: _____

Local Option District Use Only:

Local Governing Body of _____ City, County, Town, Village

Public Hearing held on _____ 20____ Decision: ☐ Approved ☐ Disapproved

Signature of Official: _____ Title: _____

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: _____



Premises Location, Ownership, and Description | NMSA §60-6B-10 | Page 2

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. **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.

7. Type of Operation: ☐ Hotel ☐ Lounge ☐ Package Grocery ☐ Racetrack

☐ Restaurant ☐ Craft Distiller ☐ Small Brewer ☐ Winery ☐ Wholesaler

☐ Other (specify): _____

***NOTE:** If the distance is beyond 300 feet, but less than 400 feet, and the Applicant does not admit that the location is within 300 feet and requests a waiver from the LOD, a Registered Engineer or Licensed Surveyor must complete a Survey Certificate showing the exact distance.



LIMITED LIABILITY COMPANY- NMSA | §60-6B-2.A(6) | Page 3A

Name of Limited Liability Company: _____

Formed on: _____, with copy of Operating Agreement attached.

Registered on: _____, with copy of Certificate and Article of Organization attached.

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LIST Name and Address of ALL MEMBERS AND MANAGERS – *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	Name	Title	Complete Address

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: _____

List every Liquor License in which this LLC owns any interest, direct or indirect: ☐ None ☐ See Attached

☐ As follows: _____

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.



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: _____

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

☐ 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.



LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP | Page 3C

NMSA §60-6B-2.A(5)

Name of Limited Partnership or General Partnership: _____

Date Partnership Formed (**attach copy of Partnership Agreement**): _____

Date Partnership Registered (**attach copy of Certificate**): _____

Mailing Address: _____

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:

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

Limited Partners:

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

Has Partnership 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 Partnership holds any interest, direct or indirect: ☐ None ☐ See Attached

☐ As follows: _____

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.



Name of Trust: _____

Trust Formed on: _____ Phone: _____

Mailing Address: _____

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

List % of Interest / Contribution	Name	Title (Officers, Directors, & Stockholders)	Complete Address

Has Trust 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 Trust holds any interest, direct or indirect: ☐ None ☐ See Attached
☐ As follows: _____

Has any principal Officer, Director or Shareholder 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.



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**, 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 # _____ 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: _____

Business Address: _____

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 NM 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:* _____
_____ or if several ☐ 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 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: _____



RESTAURANT APPLICATION CHECKLIST

Final: Assigned License No. _____

☐ **TYPE A** pro-rated License Fee Nov-Jan \$1,050 | Feb-Apr \$787.50 | May-Jul \$525 | Aug-Oct \$262.50

☐ **TYPE B** pro-rated License Fee Nov-Jan \$10,000 | Feb-Apr \$7,500 | May-Jul \$5,000 | Aug-Oct \$2,500

Date Received: _____ Date Assigned to Hearing Officer: _____ Application Number: _____

Hearing: _____ LOD: _____ Sent to LOD: _____

Applicant Name: _____

DBA Name: _____

Proposed Location Address: _____

Mailing Address: _____

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

Page 1 completed & submitted **Yes** ☐ **No** ☐ Comment: _____

\$200 Application fee submitted **Yes** ☐ **No** ☐ Comment: _____

Menu, including hours and days of operation **Yes** ☐ **No** ☐ Comment: _____

Food Establishment Permit, in Applicant's name **Yes** ☐ **No** ☐ Comment: _____

Tax Registration Certificate, in Applicant's name **Yes** ☐ **No** ☐ Comment: _____

Licensing 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 beer, wine and/or spirits **Yes** ☐ **No** ☐ Comment: _____

Floor Plan **Yes** ☐ **No** ☐ Total Square Footage _____

Is there a Patio **Yes** ☐ **No** ☐ Comment: _____

Enclosed by 3ft Barrier /Description **Yes** ☐ **No** ☐ Contiguous **Yes** ☐ **No** ☐ Comment: _____

Photos: Interior, Exterior, Dining Area, Kitchen, Food Counter, Prep Area and Patio, if applicable **Yes** ☐ **No** ☐ _____

Posting Certificate:

To Agent: _____ Posted On: _____ Expires at Midnight on: _____ Agent: _____

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** ☐ _____

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 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: _____

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

