



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

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

TOBACCO LICENSE LOCATION TRANSFER APPLICATION | \$100.00 Fee, non-refundable.

ABC USE ONLY: Payment| Application Fee \$ _____ Received on: _____ Receipt No. _____
Application # _____ Local Governing Body: _____

License No. _____ **License Type:** Manufacturer Distributor Retailer
(If operating multiple types, a separate application is needed for each type.)

Licensee /Owner of Existing License: _____

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

Current D/B/A Name: _____

Current Premises Address: _____

NEW LOCATION:

Effective Date: _____

LICENSEE: Individual Limited Liability Company Corporation Partnership (General/Limited)

NAME of Individual/Company:

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

Email Address (required): _____

Mailing Address: _____

Physical location/principal place of business where license is to be used:

(Include street #/ highway #/ state road, city, state, and zip code)

_____ **County of:** _____

Is physical location within 300 feet or less from a school? Yes No

Are tobacco or tobacco products currently being manufactured, distributed or sold at the proposed location? Yes No

Were tobacco or tobacco products manufactured, distributed or sold at the proposed location prior to July 1, 2020? Yes No

Does ownership remain the same for LLC, Corporation or Partnership? Yes No

IF CHANGED, LIST Name, Title & Address for those that hold 10% interest or more and those entitled to 10% or more of the profits earned for: all Members for Limited Liability Company, firm partnership or association; Officers, Directors and Stockholders with 10% interest or more in voting stock and the Name and Address of Registered Agent for Corporation; – full disclosure is required.

Name	Title	% of Interest/Contribution	Address
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Use additional pages if necessary.

Sign and date:

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.

I agree to continue to manufacture, distribute and/or sell tobacco products in accordance with the New Mexico Tobacco Product Act (TPA), ABC rules and current New Mexico laws and understand that failure to do so may result in fines, penalties and/or revocation of the tobacco license identified herein. In accordance with the TPA, for the proposed Applicant and new location listed above, attached are current/valid copies of:

- Business License
- New Mexico Taxation & Revenue Department Business Tax Registration Certificate
- Zoning Statement from local governing body; listing the proposed location by address, Type of Zone, state whether tobacco/tobacco products are allowed to be sold or manufactured at proposed location. If there is no zoning in the proposed location, attach Statement from the local government, indicating there is no zoning.
- Documentation establishing distance of Licensed Location from the nearest School (Google Map print out)

For Manufacturer: Applicant affirms that they will continue to comply with applicable proper tobacco products manufacturing practices, as required pursuant to 21 USCA Section 387d(a) and will comply with any applicable health directives issued by the department of health pursuant to the Public Health Act and affidavit has been attached showing applicant will submit the applicable ingredient listing to the federal secretary of health and human services as required pursuant to 21 USCA Section 387d(a) (1).

Signature of Applicant: _____ Date: _____

FOR ALCOHOLIC BEVERAGE CONTROL DIVISION USE ONLY: Approved Transfer Disapproved

Signed by Director: _____ Date: _____

