



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

LATE: POSTMARK DATE: _____ Late Fee \$ _____ Received on: _____ Receipt No. _____

TOBACCO LICENSE RENEWAL APPLICATION

Due at least 30 days in advance of Expiration of your current License

ANNUAL RENEWAL FEE: \$400.00, non-refundable

Division records reflect the following information for **TPA License No.** _____

LICENSE OWNER

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE: _____

LICENSEE EMAIL: _____

OWNER: NM State Tax ID (CRS) Number: _____

BUSINESS /DBA

DBA NAME: _____

PHYSICAL ADDRESS: _____

BUSINESS PHONE: _____

Check Appropriate License Type: Manufacturer Distributor Retailer

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

Is LLC, Corporation or Partnership in Good Standing? Yes No

Has ownership changed? Yes No

Has principal place of business where license is used changed? Yes No

If applicable, current Resident Agent: _____

Is the license information stated above accurate? Yes No

If not, on the space provided below, state the corrections or changes that are necessary to make the Licensee information accurate. Attach additional pages if necessary:



Licensee affirms under penalty of perjury that the ownership interests in this license are accurately stated on the application and transfer records filed by the Licensee with the Division. I have read the information in this application and swear under penalty of perjury that the information contained herein is true and correct.

I, _____, hereby swear and affirm upon my oath that I am qualified to submit this application and I further swear and affirm upon my oath that:

- 1) I have manufactured, distributed and/or sold tobacco products in accordance with the New Mexico Tobacco Product Act (TPA), ABC rules and current New Mexico laws and understand that failure to continue to do so may result in fines, penalties and/or revocation of the tobacco license identified herein.
- 2) I have verified that all sales or orders filled and deliveries made throughout the license year are only made to consumers over the age of 21, in compliance with:
 - 14.B Age & Identity by valid document containing photo of person and issued by a federal, state, county, municipal, tribal or foreign government, including a Driver’s License or an identification card
 - 17. Retailer must Display where products are sold and at vending machine, “It is illegal for a person under 21 years of age to purchase tobacco products.” (No self-service display)
 - 15.B.C.Vending Machines and sales and display of Cigars must be in age-controlled locations where minors are not permitted
- 3) In accordance with the TPA, for the location listed above, attached are **current/valid copies of**:
 - Zoning Statement, if not already submitted
 - New Mexico Taxation & Revenue Department Business Letter of Good Standing
 - List of Manufacturers, if applicable
 - List of Distributors, if applicable
 - List of Retailers, if applicable
- 4) For Manufacturer: Applicant affirms that they have and will continue to comply with applicable proper tobacco products manufacturing practices, as required pursuant to 21 USCA Section 387d(a) and have and will comply with any applicable health directives issued by the department of health pursuant to the Public Health Act
 - A Current 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).
- 5) I understand that my invoices may be audited by the Alcoholic Beverage Control Division and that any false representation or omission may result in the imposition of fines and the suspension or revocation of the tobacco license. I also understand that any false representation or omission may lead to prosecution for perjury by the New Mexico Attorney General.

AUTHORIZED SIGNATURE

TITLE

NOTARY PUBLIC USE ONLY: (State of _____, County of _____)

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

By: _____ Notary Public: _____ SEAL

My Commission Expires: _____

FOR ALCOHOLIC BEVERAGE CONTROL DIVISION USE ONLY: Approved, Renew Disapproved

Signed by Director: _____ Date: _____