

# INSTRUCTIONS FOR THIRD-PARTY ALCOHOL DELIVERY 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 \$1,000.00 License Fee is due at final.

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

Attach the following Required Documents with Application:

1. **NM Business License** – Current, in the name of Applicant.
2. **NM Tax Registration Certificate** – in the name of Applicant.
3. **Contracts with all NM Liquor Licensees** – Copies of all contracts for alcoholic beverage delivery service.
4. **Copy of General Liability Insurance** – Copy with a liquor liability endorsement, not less than one million dollars (\$1,000,000.00) per occurrence, which endorsement shall provide coverage for employees or independent contractors of the third-party alcohol delivery service.
5. **List of Drivers** – List should include Name, Date of Birth, Server Permit #, Permit Expiration Date

**\*To renew your Third-Party Alcohol Delivery License, submit a new application with the required documents prior to the expiration date and include a copy of your license.**





STATE OF NEW MEXICO  
MICHELLE LUJAN GRISHAM, GOVERNOR  
Clay Bailey, Superintendent  
Phillip A. Sanchez, Director

## Third-Party Alcohol Delivery License Application | \$200.00 Application Fee, non-refundable

**Annual Permit:** 1 year term: March 1 - February 28 | \$1,000.00 license fee at final, non-refundable

ABC USE ONLY: Application Number: \_\_\_\_\_ Local Option District: \_\_\_\_\_

APPLICANT/Company Name: \_\_\_\_\_

D/B/A Name to be used: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical location: \_\_\_\_\_

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

County: \_\_\_\_\_

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

1. Name: \_\_\_\_\_

2. Date Formed: \_\_\_\_\_ 3. Date Registered or Incorporated: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Contact Number: \_\_\_\_\_

6. **LIST** Name, Title & Address for those that hold 10% interest or more and those entitled to 10% or more of the profits earned. For Limited Liability Company, firm partnership, or association –All Members.

For Corporation: Officers, Directors, Stockholders with 10% interest or more in voting stock with Name/Address of Registered Agent for Corporation, If publicly traded company, list officers – full disclosure is required.

List % of Interest / Contribution	Name	Title	Complete Address

Use additional pages if necessary.



In accordance with the Liquor Control Act, for the proposed applicant and location listed above, **attached are current/valid copies of:**

New Mexico Business license. ☐Yes ☐No

Federal Employer Identification Number: \_\_\_\_\_, with copy of NM Taxation and Revenue Department Business Tax Registration Certificate. ☐Yes ☐No

A copy of all contracts between New Mexico Liquor Licensees and Applicant (alcoholic beverage delivery service). ☐Yes ☐No

Copy of General Liability Insurance with a liquor liability endorsement, not less than one million dollars (\$1,000,000.00) per occurrence, which endorsement shall provide coverage for employees or independent contractors of the third-party alcohol delivery service. ☐Yes ☐No

List of Delivery Drivers. (Include Name, Date of Birth, Server Permit #, Expiration Date) ☐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.

I have met all the requirements to delivery alcoholic beverages and I am licensed to do business in the State of New Mexico. ☐Yes ☐No

I maintain proper liability insurance and operate in accordance with all federal and state motor vehicle laws. ☐Yes ☐No

**I also attest to understanding the following:**

- I am authorized to do business in the State of New Mexico.
- I do not and will not share in the profits of the sale of alcohol with a Licensee.
- All delivery employees or independent contractors of the third-party alcohol delivery service are twenty-one years of age or older, hold a valid New Mexico alcohol server permit and valid driver's license.
- I hold and will maintain proof of general liability insurance coverage for each vehicle used for delivery service, with liquor liability endorsement in an amount not less than one million dollars (\$1,000,000.00) per occurrence, which endorsement shall provide coverage for employees or independent contractors of the third-party alcohol delivery service.
- All delivery vehicles used will operate in accordance of all federal and state regulations.
- I may only charge a delivery fee that is disclosed to the buyer at the time of the sale.
- I do not have the ability to buy, hold, or deliver alcohol under my own license but to only allow for delivery of Retail Sales of alcohol received from a licensed premises, and from a qualified licensee with a valid alcoholic beverage delivery permit to the buyer.
- I shall not allow my delivery service to be used as a way for my contract partner licensees to circumvent the requirements or restrictions of their license. Nor shall I propose to my contract partner licensee to circumvent the requirements and restrictions of their license type by utilizing my services.
- I shall be independently liable for the delivery of alcoholic beverages to an intoxicated person or to a Minor or for any violation of the Liquor Control Act and be subject to suspension, revocation, or administrative fine, pursuant to §60-6C-1 through 60-6C-6 NMSA 1978.
- An alcoholic beverage delivery permit is not transferable from person to person or from one location to another.
- Records for delivery purchases and age verification will be made available for inspection or audit, upon request.



**When delivering for Restaurant License A, A+ and B or Inter-Local License:**

- Sale and Delivery of alcoholic beverages will only be made if the minimum \$10.00 food purchase has been met.
- Under no circumstances shall delivery be more than 750 milliliters of wine; OR six (6) 12-ounce pre-packaged containers of wine or beer; OR one locally produced growler; OR one (1) howler of a cocktail containing no more than 4.5 ounces of spirituous liquors. A howler is a clean, refillable, resealable container, that has a liquid capacity not exceeding 32 fluid ounces. All howlers used for delivery must contain the DBA of the Licensee, etched onto it or be accompanied with the receipt secured to it.

**Requirements and Restrictions:**

1. Alcoholic beverages delivered only in unbroken packages or growlers.
2. Payment received at the licensed premises only.
3. Price charged to deliver alcoholic beverage must not change from on premise charge; provided that a separate delivery fee may be imposed and shall be disclosed to the customer at time of purchase.
4. Delivery sales and service of alcoholic beverages are the same as the hours of operation for the sale and service of food and alcoholic beverages at the licensed premises.
5. Shall not deliver an alcoholic beverage to a business, a commercial establishment, a college or university campus or a school campus that is not a home school.
6. Age verification shall be made at the Point of Sale and at time of Delivery of alcoholic beverages.
7. Delivery shall not be made to an intoxicated person or to a Minor.
8. While delivering alcoholic beverages, delivery permittee shall have in their possession, only alcoholic beverages that have been purchased for delivery.
9. While delivering alcoholic beverages, delivery permittee shall have in their possession, the original or an electronic or physical copy of the Permittee's Alcoholic Beverage Delivery Permit.
10. Delivery shall only be made to a person, 21 years of age or older and if unable, the delivery must be returned to the Establishment, and under no circumstance will delivery be left unattended. If for any reason, a delivery cannot be completed, the alcoholic beverages must be returned to the licensee, and the customer shall be refunded for the payment.
11. Liability for Violations: The Licensee, the ABC Licensed Third-Party Delivery Service and the Server delivering the alcohol may be separately liable for violations of the Liquor Control Act, including the delivery of alcohol to an intoxicated person or to a Minor.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary Public Use Only:** (State of \_\_\_\_\_, County of \_\_\_\_\_)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By Affiant: \_\_\_\_\_

Notary Public: \_\_\_\_\_

SEAL

My Commission Expires on: \_\_\_\_\_

**ABC USE ONLY:** Payment | \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Receipt No. \_\_\_\_\_

☐ APPROVED ☐ DISAPPROVED, \_\_\_\_\_

**ASSIGNED LICENSE NO.** \_\_\_\_\_ **EXPIRES ON:** \_\_\_\_\_

☐ **Renewal of license number** \_\_\_\_\_ **EXPIRES ON:** \_\_\_\_\_

Reviewed, with copy sent to Licensee via ☐ Email, ☐ Fax, ☐ 1<sup>st</sup> class mail by: \_\_\_\_\_

Done this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.



# 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: \_\_\_\_\_



# THIRD-PARTY DELIVERY APPLICATION CHECKLIST

Final: Assigned License No. \_\_\_\_\_

**\*To renew your Third-Party Alcohol Delivery License, submit a new application with the required documents prior to the expiration date and include a copy of your license.**

Filed on: \_\_\_\_\_ Assigned to Hearing Officer on: \_\_\_\_\_ Application/License # \_\_\_\_\_

Applicant Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Page 1 complete ☐ Yes ☐ No \_\_\_\_\_

\$200.00 Application fee submitted ☐ Yes ☐ No \_\_\_\_\_

Business License, in Applicant's name ☐ Yes ☐ No \_\_\_\_\_

Tax Registration Certificate, in Applicant's name ☐ Yes ☐ No \_\_\_\_\_

Copies of all Contracts with NM Liquor Licensees, in Applicant's name ☐ Yes ☐ No \_\_\_\_\_

Copy of General Liability Insurance, with liquor liability endorsement of \$1,000,000 in Applicant's name ☐ Yes ☐ No \_\_\_\_\_

List of all Delivery Drivers ☐ Yes ☐ No \_\_\_\_\_

Licensing Fee \$1,000.00 due at Final: Paid \$ \_\_\_\_\_ on: \_\_\_\_\_

**Note: Does not require Page 2 Location or Fingerprint Clearance | 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 \_\_\_\_\_

(Required if submitting Page 3A, 3B, 3C, or page 4)

Page 6 Personal Data Affidavit submitted for each person requiring disclosure ☐ Yes ☐ No \_\_\_\_\_

Name	Title	Servers permit No.	SP Expires On:

