



TOBACCO LICENSE NOTICE OF CHANGE APPLICATION | \$50.00 Fee, non-refundable.

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

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

Check appropriate boxes:

Application is for: Change of DBA Name
Change of Officers (A transfer in 10% interest/shares or more requires new license application)

Licensee /Owner of Existing License: _____

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

Current D/B/A Name: _____

Current Premises Address: _____

Local Governing Body: _____

Effective Date of Change: _____

DESCRIPTION OF CHANGE(S): if necessary, additional documentation has been attached.

NAME of Individual/Company:

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

Email Address (required): _____

Mailing Address: _____

Physical location, if revised by the postal service or local governing body:
 (Include street #/ highway #/ state road, city, state, and zip code)

_____ **County of:** _____

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

Is Registered Agent the same? Yes No, Contact information provided

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 licensee 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.

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

- For Corporation: New Mexico Corporation Commission Certificate of Name Change
- If postal service or governing body has updated physical address*, Documentation of change

Signature of Applicant: _____ Date: _____

FOR ALCOHOLIC BEVERAGE CONTROL DIVISION USE ONLY: Approved Transfer Disapproved

Signed by Director: _____ Date: _____