

# INSTRUCTIONS FOR GOVERNMENTAL 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 to you. **Keep a copy of the complete application packet for your records.**

**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**. 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 from ABC website for instructions and forms:** 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](http://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. **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. Applicants may obtain this documentation at any field office, call (505) 827-0700, or online.
2. **Licensing Fee** – \$1300.00, which will only be accepted at Final Review, applicant will be notified when to submit this.

### 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, service and/or manufacturing 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** – A copy of the 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 contact information 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 being applied for – need permission for Manufacturing, Production, Storage and Selling alcoholic beverages. (example: On-premises consumption of alcohol is a permitted use within this zone; with or without Patio Service permitted; Manufacturing permitted use; 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, show Storage areas; Layout must show the entrances, exits, and storage areas.
  - 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).



4. **Photos** – include Interior of premises, storage of alcohol, and exterior including patio and fencing, if applicable.

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

5. **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,

6. **Waiver** – A copy of the approved Waiver from the Local Governing Body, on official letterhead.
7. **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 -**

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.**

**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:** Fingerprinted; Hold a current Servers Certification Permit, attach a copy to application; an individual, at least 21 years of age, and at time of application; A Resident of the State of New Mexico and remain a resident of New Mexico; 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, 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 Resident Agent for a Corporation, 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 or serves 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, Convenience or Grocery Store Clerks, and the Designated Resident Agent for the License.

**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

Governmental Liquor License Application | \$200.00 Application Fee, non-refundable

ABC USE ONLY: Application Fee \$ Received on: Receipt No.

License Fee \$ Received on: Receipt No.

Application Number: Local Option District:

Check appropriate boxes: Governmental Entity | Type:

- Municipal, County, State Fair Commission, State Fair, State University, State Museum, Spaceport Authority

NAME OF APPLICANT:

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

Entity that will Administer Use of License:

Email (required)

Physical location where license is to be used:

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

Mailing Address:

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

Contact Person: Phone #: Email:

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.

You must sign and date this form before a Notary Public.

Signature of Applicant: Date:

Notary Public Use Only: (State of, County of)

SUBSCRIBED AND SWORN TO before me this day of, 20

By: Notary Public:

SEAL

Date my Commission Expires:

Local Option District Use Only: Local Governing Body of City, County, Village

Public Hearing held on 20 Please check one: Approved Disapproved

Signature of City/County Official: Title:

Alcoholic Beverage Control Division Use Only: Approved Disapproved,

Signed by Director: Date:



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.



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



# GOVERNMENTAL LIQUOR LICENSE APPLICATION CHECKLIST

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_ Final: Assigned License No. \_\_\_\_\_

Type:  Municipal  County  State Fair Commission  State Fair  
 State University  State Museum  Spaceport Authority

Hearing: \_\_\_\_\_ LOD: \_\_\_\_\_ Sent to LOD: \_\_\_\_\_

Applicant Name / Governmental Entity: \_\_\_\_\_

Department assigned use of license: \_\_\_\_\_

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

Proposed Location Address: \_\_\_\_\_

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

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

Page 1 completed & submitted Yes  No  \$200 Application fee submitted Yes  No  \_\_\_\_\_

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

Licensing Fee due at Final: \$1,300.00 Paid \$ \_\_\_\_\_ on: \_\_\_\_\_

Page 2 Premises, Location Yes  No  \_\_\_\_\_

Proof of Tenancy for the premises, in Applicant's name Yes  No  \_\_\_\_\_

Zoning Statement, allowing beer and wine service Yes  No  \_\_\_\_\_

Floor Plan Yes  No  Total Square Footage \_\_\_\_\_ Is there a Patio Yes  No  \_\_\_\_\_

Enclosed by 3ft Barrier /Description Yes  No  Contiguous Yes  No  \_\_\_\_\_

Photos: Interior, Exterior, 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  \_\_\_\_\_

Is a Waiver required Yes  No  Has an approved Waiver been submitted Yes  No  \_\_\_\_\_

Entity Page Board / Commission / Regent Yes  No  \_\_\_\_\_

Page 5 Resident Agent, for Corporation, LLC, Partnership or Trust Yes  No  \$50.00 Fee paid Yes  No  \_\_\_\_\_

Name: \_\_\_\_\_ Permit # \_\_\_\_\_ Expires: \_\_\_\_\_

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

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

Revised 7.2021

