



TOBACCO LICENSE APPLICATION | \$750.00 Application Fee, non-refundable.

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

Type of Application: [] Manufacturer [] Distributor [] Retailer

(If operating multiple types, a separate application is needed for each type.)

NAME OF APPLICANT: _____

Contact Name: _____ Contact Number: _____

Email Address (required): _____

Mailing Address: _____

D/B/A NAME TO BE USED: _____ Business Phone #: _____

Physical location/principal place of business where license is to be used:
(Include Street #/ highway #/ state road, city, state, and zip code)

_____ County _____

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

For locations within 400 Feet from the nearest school, applications must be accompanied by a Certified Report of a Registered Engineer or Duly Licensed Surveyor.

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: _____

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

APPLICANT IS: [] Individual [] Limited Liability Company [] Corporation [] Partnership (General/Limited)

1. Name of Company, Corporation or Partnership: _____

2. Date Formed: _____ Contact Number: _____

3. Date registered or incorporated: _____

4. Mailing Address: _____



5. 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

Use additional pages if necessary.

6. If Applicant is a company, corporation or partnership, a Resident Agent must be designated to act on behalf of the company and accept service of process for all purposes relating to the sales and service of tobacco and tobacco products, including Orders and Notices of the Director and/or the Division. The Agent must be a resident of the State of New Mexico and more than one may be appointed.

If applicable, the Designation of Resident Agent(s) for initial appointment has been attached with this Application.

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 agree 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.

FOR RETAILER: In accordance with the TPA, for the proposed applicant and 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.
- A certified report of a Registered Engineer or Duly Licensed Surveyor shall accompany the application at the Directors Discretion
- Documentation establishing distance of Licensed Location from the nearest School (include google map print out)
- List of Manufacturers; to include name, address, phone number and email.
- List of Distributors; to include name, address, phone number and email.



FOR MANUFACTURER: Applicant affirms that they will 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 along with ingredient listing** applicant will submit to the federal secretary of health and human services as required pursuant to 21 USCA Section 387d(a) (1).

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

- Business License
- New Mexico Taxation & Revenue Department Business Tax Registration Certificate
- New Mexico Taxation & Revenue Department Business Letter of Good Standing
- 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 (include google map print out)
- List of Distributors; to include name, address, phone number and email.
- List of Retailers; to include name, address, phone number and email.
- Only if Manufacturing Cigarettes or Loose Tobacco New Mexico Office of Attorney General Certificate of Compliance
-Does Not apply to Vape Manufactures

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

- Business License
- New Mexico Taxation & Revenue Department Business Tax Registration Certificate
- New Mexico Taxation & Revenue Department Business Letter of Good Standing
- 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 (include google map print out)
- List of Manufacturers; to include name, address, phone number and email.
- List of Retailers; to include name, address, phone number and email.

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

My Commission Expires: _____

For Alcoholic Beverage Control Division Use Only: Approved Disapproved

Signed by Director: _____ Date: _____

