

**NM REGULATION AND LICENSING DEPARTMENT**  
**ALCOHOL AND GAMING DIVISION**

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**RESTAURANT LIQUOR LICENSE  
APPLICATION**



## INSTRUCTIONS FOR RESTAURANT LIQUOR LICENSE APPLICATION

1. The non-refundable application fee of \$200.00, and if applicable, the \$50.00 Resident Agent Fee and \$100.00 Sunday Sale Fee, must be enclosed or the application will be returned to you. **Keep a copy of the complete application packet for your records.**
2. **Checklist**, included in the packet to assist you in submitting all the required documentation. **To meet the criteria for a Restaurant (Beer and Wine) Liquor License, the Full Service Restaurant / Establishment must have a wait staff and must have at least three or four Entrées on the Menu.**
3. **Appointment of Representative** – If the applicant is represented by an attorney, broker, CPA, etc., include a signed/dated letter, which authorizes the Division to disclose information and allows the appointee to speak/act on behalf of applicant.
4. Pages 1, 5, and 6 of the application must be signed and notarized.
5. Note that all supporting documentation submitted must be in the name of the **APPLICANT**. If the applicant is a Corporation, LLC, Partnership, or Trust, the Required documentation such as Tax Registration Certificate, Proof of Tenancy (Lease/Deed), Bills of Sale, Food Establishment Permit etc., **must** be in the name of that entity.
6. **Fingerprints:** 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, they'll need to register with Cogent online at [www.cogentid.com](http://www.cogentid.com) If fingerprints cannot be done by Livescan with Cogent, please contact AGD at (505) 476-4875 or consult AGD website for instructions.

### EXPLANATION OF REQUIRED DOCUMENTS:

#### PAGE 1 – APPLICATION

1. **Menu** – A complete and finalized copy of the full menu for the business, include hours and days of operation, indicate when closed. If the hours and days of operation are not printed on the menu, write them on a separate sheet of paper.
2. **Food Establishment Permit** – A current permit in the name of the Applicant required, and may be obtained through the NM Environment Department, or you may need to contact city or county offices directly.
3. **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.
4. **Licensing Fee** – in the name of the applicant and signed by both parties.

#### 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 service 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. (example: On-premises consumption of alcohol is a permitted use within this zone; with or without Patio Service permitted; 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, dining room, 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 which direction is North.
  - b. Location of the main street in relation to the licensed premises.
  - c. Label the layout of premises – must show the entrances, exits, dining and storage areas, and include photos showing a kitchen capable of preparing meals.
  - 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 Dining 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).
  - f. No bar areas will be approved under this type of license, however a prep station for wait staff to prepare the beverages for delivery to the tables is allowed. All food and drinks must be delivered to individual tables or seating counters by wait staff. Counter service is not permitted.
4. **Photos** – include Interior of premises, Kitchen Area, Prep Area, Dining Area, food counters, location/storage of alcohol, and Exterior /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 - REQUIRED FOR CORPORATIONS/ LIMITED LIABILITY COMPANIES/ PARTNERSHIPS/ TRUSTS**

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.**

**PARTNERSHIP:**

1. **Partnership Agreement** – A complete and fully executed Partnership Agreement.
2. **Certificate of Partnership** – A Certificate of Partnership issued by the Secretary of State’s Office (if applicable).

**CORPORATION**

1. **Certificate of Incorporation** – A copy of the Certificate of Incorporation.
2. **Articles of Incorporation** – A filed copy of the Articles of Incorporation and any amendments thereto.
3. **Certificate of Good Standing** – A copy of the Certificate of Good Standing. The Division will obtain this document from the Public Regulation Commission. The corporation **MUST** be in good standing.
4. **Certificate of Authority** – A copy of the Certificate of Authority for all Foreign Profit Corporations (out-of-state).

**LIMITED LIABILITY COMPANY**

1. **Certificate of Organization** – A copy of the Certificate of Organization.
2. **Articles of Organization** – A filed copy of the Articles of Organization and any amendments thereto.
3. **Operating Agreement** – A complete and fully executed Operating Agreement listing all members and managers including percentages of interest owned by each and any amendments thereto.
4. **Certificate of Registration** – A copy of the Certificate of Registration for all Foreign Profit Companies (out-of-state).

**PAGE 4 – TRUST**

1. **Trust Agreement** – A complete and fully executed Trust Agreement shall be provided for In-Camera Review by the Division. It should not be attached to the application, only brought in by Applicant for review.

## 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, who has the power and authority to make decisions related to liquor sales and operations and upon whom the director may serve any notice related to the operation of the license.
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.

## PAGE 7 – SUNDAY SALES:

Sunday Sales by the drink and/or package are only permitted in those local option districts in which Sunday Sales have been approved by the voter. **Sunday Sales by the Drink, Fee: \$100.00**

**Restaurant License Holders are only allowed sales of alcoholic beverages BY THE DRINK,** between the hours of 11:00 a.m. to 11:00 p.m. or until sales and service of food ceases, whichever is earlier, may obtain a permit for the sale of alcoholic beverages by the drink on licensed premises on **Sundays, between the hours of 11:00 a.m. to 11:00 p.m.** or until sales and service of food ceases, whichever is earlier.

**Note:** The Director may require additional information or supporting documentation to complete the application.



AGD USE ONLY: Payment| Application Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Receipt No. \_\_\_\_\_  
License Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Application # \_\_\_\_\_ Local Option District: \_\_\_\_\_

### RESTAURANT LIQUOR LICENSE APPLICATION

\$200.00 Application Fee, non-refundable.

Check appropriate boxes:

Application is for:  New Restaurant Liquor License

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

NAME OF APPLICANT (company or individual) ADDRESS (including city, state, zip) TELEPHONE NUMBER

D/B/A Name to be used: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Physical location where license is to be used: (Include street number / highway number / state road, city and county, state, and zip code)

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

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

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

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

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

FOR LOCAL OPTION DISTRICT USE ONLY: Local Governing Body of: \_\_\_\_\_ City, County, Village

Public Hearing held on \_\_\_\_\_, 20\_\_\_\_. Check one:  Approved  Disapproved

Signature and Title of City/County Official: \_\_\_\_\_

FOR ALCOHOL AND GAMING DIVISION USE ONLY:  Approved  Disapproved

Signed by Director: \_\_\_\_\_ Date: \_\_\_\_\_



**PREMISES LOCATION, OWNERSHIP, AND DESCRIPTION**

NMSA §60-6B-10

1. The land and building which is proposed to be the licensed premises is: <sup>(check one)</sup>

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**, which 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. Distance from military installation *\*(Property line of military installation to closest point of licensed premises-shortest distance.)*

**Name of Military Installation,** <sup>circle one:</sup> Kirtland Air Force Base (Albuquerque), White Sands Missile Range (Las Cruces),  
 Holloman Air Force Base (Alamogordo), Cannon Air Force Base (Clovis)

Miles: \_\_\_\_\_

7. 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.

8. Type of Operation:  Hotel       Lounge       Package Grocery       Restaurant       Racetrack

Small Brewer       Craft Distiller       Winery       Wholesaler

Other (specify): \_\_\_\_\_

**\*NOTE:** If the distance is beyond 300 feet, but less than 400 feet, a Registered Engineer or Licensed Surveyor must complete a Survey Certificate showing the exact distance.



**LIMITED LIABILITY COMPANY - *NMSA §60-6B-2.A(6)***

1. Name of Limited Liability Company: \_\_\_\_\_

2. Company Formed on: \_\_\_\_\_, with **copy of Operating Agreement attached.**

3. Company Registered on: \_\_\_\_\_, with a **copy of Certificate and Article of Organization attached.**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

5. **LIST ALL MEMBERS AND MANAGERS;** Names and addresses of all Members – full disclosure is required. If a Member is a Corporation, Trust, Limited Liability Company, General or Limited Partnership, complete the appropriate entity information page.

**List % of Interest/Contribution | Title | Name | Complete Address**

<b>List % of Interest/Contribution</b>	<b>Title</b>	<b>Name</b>	<b>Complete Address</b>

6. Has this LLC ever had a liquor license in which it held any interest in any State suspended or revoked?  No  Yes, if so, provide details: \_\_\_\_\_

7. List every Liquor License in which this LLC owns any interest, direct or indirect:  None  See Attached  As follows: \_\_\_\_\_

1. Has any principal Officer, Director or Shareholder that holds 10% or more of this LLC ever been convicted of a felony?  No  Yes, detailed as follows: \_\_\_\_\_

**NOTE: Each individual Member must submit a Personal Data Affidavit form (page 6). All Members who own 10% or more must submit Fingerprints. All Managing Members must also be Server Certified.**



**CORPORATION-** NMSA §60-6B-2.A(4)

Name of Corporation: \_\_\_\_\_  
**(Attach certified copy of its Certificate of Incorporation and Articles of Incorporation. Foreign Corporations must also include a certified copy of its New Mexico Certificate of Authority.)**

Date of Incorporation: \_\_\_\_\_ In what State? \_\_\_\_\_

Mailing Address of Corporate Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide full names and addresses of all Officers and Directors of the Corporation, also the names and addresses of all stockholders holding 10% or more in the Corporation. If a stockholder with 10% or more stock is any other legal entity, complete the appropriate disclosure page for the stockholding entity.

**List: % Stock Held | Title and Name of Officers, Directors and Stockholders | Complete Address**


**USE ADDITIONAL PAGES IF NECESSARY.**

Has Corporation ever had a liquor license in which it held any interest in any State suspended or revoked?  No  Yes, if so, provide details: \_\_\_\_\_

List every liquor license in which the Corporation holds any interest, direct or indirect:  None  See Attached  As follows: \_\_\_\_\_

Has any principal Officer, Director or Shareholder that holds 10% or more of this Corporation ever been convicted of a felony?  No  Yes, detailed as follows: \_\_\_\_\_

**NOTE: Each individual Applicant, Partner, Officer, Director and Stockholder of 10% or more of stock in the Corporation must submit a Personal Data Affidavit Form (page 6). All who own 10% or more must submit Fingerprints. All Managing Partners and Directors must also be Server Certified.**





**LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP - NMSA §60-6B-2.A(5)**

1. Name of Limited Partnership or General Partnership: \_\_\_\_\_
2. Date Partnership Formed (**attach copy of Partnership Agreement**): \_\_\_\_\_
3. Date Partnership Registered (**attach copy of Certificate**): \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Names and addresses of all General and Limited Partners—full disclosure is required. If General Partner or Limited Partner is a Corporation, LLC, Trust or other General or Limited Partnership, complete the appropriate entity information page.

**GENERAL PARTNERS: LIST % Stock Held |Title |Name |Complete Address**


**LIMITED PARTNERS: LIST % Stock Held |Title |Name |Complete Address**


6. Has this Partnership ever had a liquor license in which it held any interest in any State suspended or revoked?  No  Yes, detailed as follows: \_\_\_\_\_

7. List every liquor license in which this Partnership owns any interest, direct or indirect:  None  See Attached  As follows: \_\_\_\_\_

8. Has any principal Officer, Director or Shareholder that holds 10% or more of this Partnership ever been convicted of a felony?  No  Yes, detailed as follows: \_\_\_\_\_

**NOTE: Each individual General or Limited Partner, must submit a complete Personal Data Affidavit Form (page 6). All who own 10% or more must submit Fingerprints. All Managing Partners, Directors must also be Server Certified.**



**TRUST- NMSA §60-6B-2.A(7)**

1. Name of Trust: \_\_\_\_\_

2. Trust Formed on: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Names and addresses of all Trustees and each Beneficiary of the Trust – full disclosure is required, *for each Trustee and for each Beneficiary who has control over Trust property and income or who receives substantial and regular distributions from the Trust*. If a Trustee or Beneficiary is a Corporation, Limited Liability Company or a General or Limited Partnership, complete the appropriate LLC, Corporation or Partnership page(s).

**LIST ALL TRUSTEES AND BENEFICIARIES**

**% of Interest/Contribution | Title | Name | Address**

% of Interest/Contribution	Title	Name	Address

5. Has this Trust ever had a liquor license in which it held any interest in any State suspended or revoked?  No  Yes, detailed as follows: \_\_\_\_\_

6. List every liquor license in which this Trust owns any interest, direct or indirect:  None  See Attached  As follows: \_\_\_\_\_

7. Has any principal Officer, Director, Trustee or Beneficiary that holds 10% or more of this Trust ever been convicted of a felony?  No  Yes, detailed as follows: \_\_\_\_\_

**NOTE: Each individual Trustee and/or Beneficiary must submit a Personal Data Affidavit Form (Page 6), and must be Fingerprinted.** All Managing Members must also be Server Certified.



AGD USE ONLY: Payment| Application Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Receipt No. \_\_\_\_\_

**DESIGNATION OF RESIDENT AGENT – \$50.00 non-refundable fee**

Name of Corp./LLC/Partnership/Trust (print) \_\_\_\_\_ Liquor License # \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT that the above-named Company 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. **(Check one)**

**Initial** Resident Agent     **Adding** another Resident Agent     **Replacing** Resident Agent, remove: \_\_\_\_\_

*Appointed and Submitted by an Authorized Officer of Corporation/ LLC/ Partnership/ Trust:*

***Sign in the presence of a Notary Public.***

Signature: \_\_\_\_\_ Title \_\_\_\_\_

**ACKNOWLEDGEMENT BY OFFICER APPOINTING AGENT**

**NOTARY PUBLIC USE ONLY:** (State of \_\_\_\_\_, County of \_\_\_\_\_)

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

By: \_\_\_\_\_ Notary Public: \_\_\_\_\_ SEAL

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: \_\_\_\_\_, *Required to Attach Copy*

***Sign in the presence of a Notary Public.***

Signature of Resident Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT**

**NOTARY PUBLIC USE ONLY:** (State of \_\_\_\_\_, County of \_\_\_\_\_)

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

By: \_\_\_\_\_ Notary Public: \_\_\_\_\_ SEAL

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

**FOR ALCOHOL AND GAMING DIVISION USE ONLY:** Fingerprints submitted on: \_\_\_\_\_ Cleared on: \_\_\_\_\_

Approved     Disapproved

Signed by Director: \_\_\_\_\_ Date: \_\_\_\_\_



AGD use only| Fingerprints #/Received on: \_\_\_\_\_ Cleared on: \_\_\_\_\_ Server Permit# \_\_\_\_\_ Expires: \_\_\_\_\_  
 Liquor License # \_\_\_\_\_ or Application # \_\_\_\_\_

**PERSONAL DATA AFFIDAVIT**

**INSTRUCTIONS:** 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 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. *Print clearly.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License, Issued in the State of: \_\_\_\_\_ DL No. \_\_\_\_\_

U.S. Citizenship or  Citizen of: \_\_\_\_\_ Resident Alien # \_\_\_\_\_

Male  Female Are you at least 21 years of age?  Yes  No

Are you married?  Yes  No *If yes*, 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(s) of Change: \_\_\_\_\_

Reason for Change (such as Marriage/Divorce/Decree): \_\_\_\_\_

Have you been Convicted of a Felony?  Yes  No *If yes, provide details:* \_\_\_\_\_ and,

has the Governor restored your privilege to receive and hold a Liquor License?  Yes, *copy attached*  No  N/A

Have you been convicted of two separate misdemeanor violations of the New Mexico 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, *the following:* \_\_\_\_\_

Yes, *see attached*, listing all License No.(s) and State(s)  No

**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

*You must sign before 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: \_\_\_\_\_

**Note:** For fingerprint procedures, review information provided on the website.

**NOTARY PUBLIC USE ONLY:** (State of \_\_\_\_\_, County of \_\_\_\_\_)

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

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

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

SEAL



AGD USE ONLY: Payment| Application Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Receipt No. \_\_\_\_\_

**RESTAURANT – SUNDAY SALES APPLICATION**

Sunday Sales **BY THE DRINK, with \$100 Fee**, non-transferable, fees non-refundable

Liquor License # \_\_\_\_\_ or Application # \_\_\_\_\_

(Print clearly)

1. Name of Applicant: \_\_\_\_\_

2. DBA Name: \_\_\_\_\_

3. Type of Liquor License applied for: \_\_\_\_\_

4. Physical location of licensed premises: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Local Option District (where license is located, *agency that issued your zoning statement*): \_\_\_\_\_

7. County where license is located: \_\_\_\_\_

Sunday Sales by the drink and/or package are only permitted in those local option districts in which Sunday Sales have been approved by the voter.

**NOTE: Restaurant License Holders are only allowed sales of beer and/or wine BY THE DRINK, between the hours of 11:00 a.m. to 11:00 p.m. or until sales and service of food ceases, whichever is earlier, may obtain a permit for the sale of alcoholic beverages by the drink on licensed premises on **Sundays, between the hours of 11:00 a.m. to 11:00 p.m.** or until sales and service of food ceases, whichever is earlier.**

Email: \_\_\_\_\_

Applicant/Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit with appropriate fee to: Alcohol and Gaming Division, PO Box 25101, Santa Fe, NM 87504-5101

**FOR ALCOHOL AND GAMING DIVISION USE ONLY:**

Approved  Disapproved

Signed by Director: \_\_\_\_\_ Date: \_\_\_\_\_

## RESTAURANT APPLICATION CHECKLIST

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_ |Final: Assigned License No. \_\_\_\_\_  
 Hearing: \_\_\_\_\_ LOD: \_\_\_\_\_ Sent to LOD: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_  
 Proposed Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Person/Agent: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**PAGE 1 COMPLETED & SUBMITTED?** \_\_\_ Yes \_\_\_ No Application fee submitted? \_\_\_ Yes \_\_\_ No Amount paid \$ \_\_\_\_\_  
 Menu, including hours and days of operation? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Food Establishment Permit, in Applicant's name? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Tax Registration Certificate, in Applicant's name? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Comment: \_\_\_\_\_  
 Initial License Fee, to be submitted at Final, Paid \$ \_\_\_\_\_ on: \_\_\_\_\_

**PAGE 2 PREMISES, LOCATION?** \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Lease or Deed for the premises, in Applicant's name? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Zoning Statement, allowing b/w service for the premises? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Floor Plan? \_\_\_ Yes \_\_\_ No Total Square Footage for the premises? \_\_\_\_\_ Comment: \_\_\_\_\_  
 Is there a Patio? \_\_\_ Yes \_\_\_ No Enclosed by 3ft Barrier /Description? \_\_\_\_\_ Contiguous \_\_\_\_\_  
 Photos: Interior and Exterior, include Dining Area, Kitchen, Food Counter, Prep Area and Patio, if applicable? \_\_\_ Yes \_\_\_ No  
 POSTING CERTIFICATE: To Agent: \_\_\_\_\_ Posted On: \_\_\_\_\_ Expires at Midnight on: \_\_\_\_\_  
 Is a Surveyor's Certificate required? \_\_\_ Yes \_\_\_ No Has it been submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Is a Waiver required? \_\_\_ Yes \_\_\_ No Has an approved Waiver been submitted? \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_

**PAGE 3A LIMITED LIABILITY COMPANY?** \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 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 Comment: \_\_\_\_\_  
 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 Comment: \_\_\_\_\_

**PAGE 3C PARTNERSHIP?** \_\_\_ Yes \_\_\_ No Comment: \_\_\_\_\_  
 Is the Applicant a \_\_\_ General Partnership or \_\_\_ Limited Partnership? Comment: \_\_\_\_\_  
 Fully executed Partnership Agreement? \_\_\_ Yes \_\_\_ No Registered with Secretary of State's Office? \_\_\_ Yes \_\_\_ No

**PAGE 5 – RESIDENT AGENT, for Corporation, LLC, Partnership or Trust?** \_\_\_ Yes \_\_\_ No \$50.00 Fee paid? \_\_\_ Yes \_\_\_ No  
 Name: \_\_\_\_\_ Permit # \_\_\_\_\_ Expires: \_\_\_\_\_  
 Comment: \_\_\_\_\_

**PAGE 6 – PERSONAL DATA AFFIDAVIT submitted FOR EACH PERSON REQUIRING DISCLOSURE?** \_\_\_ Yes \_\_\_ No  
 Comment: \_\_\_\_\_

%	Title   Name	SS#	FPs Submitted / Cleared On:	Permit # / Expires

**SUNDAY SALES BY THE DRINK COMPLETED & SUBMITTED?** \_\_\_ Yes \_\_\_ No \_\_\_ N/A \$100.00 Fee paid? \_\_\_ Yes \_\_\_ No  
 Are Sunday Sales by the Drink allowed in this Local Option District? \_\_\_ Yes \_\_\_ No  
 Comment: \_\_\_\_\_