



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

Application # _____

DESIGNATION OF RESIDENT AGENT FOR TOBACCO LICENSE

\$50.00 Fee: non-refundable | No Fee with initial application

Company Name: (print) _____ Tobacco 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 tobacco and tobacco products, 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 from authorized Officer/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 with a copy of my current State issued Driver's License or Identification Card attached as proof of residency.

Residence Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Alternate Number: _____

Sign in the presence of a Notary Public.

Signature of Resident Agent: _____ **Date:** _____

ACKNOWLEDGEMENT from Appointed Resident 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: _____

FOR ALCOHOLIC BEVERAGE CONTROL DIVISION USE ONLY: Approved Disapproved

Signed by Director: _____ Date: _____