



PERSONAL DATA INFORMATION AND AFFIDAVIT

Liquor License # _____ or Application # _____

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: ____/____/____ Birthplace: _____

Residence Address: _____ City/State/Zip: _____

Business Address: _____ Business Phone: _____

Driver's license: State: _____ DL No. _____ ☐ U.S. Citizenship ☐ Citizen of: _____

Email Address: _____ 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: _____ and,
has the Governor restored your privilege to receive and hold a Liquor License? Yes ☐ No ☐ N/A ☐ If yes, attach copy

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 denied or held an interest in a Liquor License in any State that was
suspended or revoked? Yes ☐ No ☐ If yes, provide details: _____

List every Liquor License by number and State in which you directly or indirectly own any interest: _____.

You must sign and date this form 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: (City of _____, County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____

By: _____ Notary Public: _____

SEAL

My Commission Expires: _____

**** Each person required to complete this page and required to submit fingerprints that is unable to do the livescan fingerprinting, must attach two (2) complete fingerprint cards (cards must be obtained from the Alcohol and Gaming Division) along with fee and supporting documentation. Fingerprints must be taken by City Police, State Police, or Sheriff (any state), or AGD approved agency. A \$44.00 money order payable to 3M Cogent must accompany EACH SET OF FINGERPRINTS, only if fee not paid on Cogent website.**