

New Mexico Regulation and Licensing Department

ALCOHOLIC BEVERAGE CONTROL DIVISION

PO Box 25101 • Santa Fe, NM 87504-5101 (505) 476-4875 • Fax (505) 476-4595

APPLICATION FOR TEMPORARY CHANGE/EXPANSION OF LIQUOR LICENSED PREMISES DUE TO COVID-19

This temporary change/expansion of Licensed Premises SHALL expire October 31, 2020.

On November 1, 2020, the licensed premises reverts to the previously ABC Approved Floor Plan.

A Licensee may not change/expand the licensed premises without prior written approval of the ABC. The Licensee cannot make any changes or expand the premises until approval has been granted for this request. A before and after site inspection may be scheduled as the temporary change/expansion must be connected and contiguous and be enclosed by a barrier of at least three (3) feet in height.

Application to Temporarily Change/Expand the licensed premises shall be submitted with the following Required Documentation:

- 1) a copy of your existing Approved Floor Plan;
- 2) a Proposed Detailed Floor Plan, on an 8 ½ x 11" sheet, that includes the existing approved premises and any proposed temporary change/expansion Label all areas and include all entrances, exits, walls or enclosures as well as dimensions for any expansion;
- 3) Proof of Tenancy this may be established by written documentation that the owner of the property approves of occupancy of the additional area (if this additional space is part of the existing lease or deed submitted to ABC, check the box \Box); and
- **4**) photos of expansion.
- *The submission of any false information may result in the immediate revocation of ABC approval.

Dusiness Name (DDA)		1 ax 110.	:
Business Name (DBA)	Owner Name:		
License Location:			
Mailing Address:			
Licensee Email:			
	Adding/Changing:_ater than 25% of the existing floorplan		al: (add both)
Will the Proposed Expansion brin	ng the licensed premises within 300 fe	et of a church or school?	
Has there been any change in the	Ownership or Operation of the Licens	see?	
If so, explain:			
and lounge areas of the structure	areas or areas connected by indoor generated are under the direct control of the direct	of the licensee"	C,
Submitted by. (print name)			
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	Τ		
Signature: LOCAL OPTION DISTRICT REVIE			Date:
Signature: LOCAL OPTION DISTRICT REVIE Local Governing Body of:		ge, County, City Check one:	Date:
Signature: LOCAL OPTION DISTRICT REVIE Local Governing Body of: Signature and Title of Village/Cou		ge, County, City Check one:	Date:
Signature: LOCAL OPTION DISTRICT REVIE Local Governing Body of: Signature and Title of Village/Cou ABC USE ONLY: Received on:		ge, County, City Check one:	Date:
Signature: LOCAL OPTION DISTRICT REVIE Local Governing Body of: Signature and Title of Village/Cou ABC USE ONLY: Received on: Processed by:		ge, County, City Check one:	Date: