SS 60-6R-2(A)(b)



LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP INFORMATION SHEET

Name of Limited Partnership or General Partnership	55 00 02 2(11)(0)			
2. Date Partnership formed (attach copy of Partnership Agreement)	/			
3. Date Partnership registered (attach copy of certificate)				
4. Mailing address: Street	City	State	Zip	Phone
5. Names and addresses of all General and Limited Partners—full disclos General or Limited Partnership, complete the appropriate entity information	_	Partner or Limited F	Partner is a con	rporation, LLC, Trust or other
	General Partners			
Name	Address			% Interest
	Limited Partners			
Name	Address			% Interest
6. Has this Partnership ever had a liquor license in which it held any inte liquor license? No Yes If Yes, provide details:	erest in any State suspended	or revoked, or has the	he Partnership	been denied the issuance of a
7. List every liquor license in which this Partnership owns any interest, o	lirect or indirect:			

from the Alcohol and Gaming Division) along with fees and supporting documentation. Fingerprints must be taken by City Police, State Police, or Sheriff (any state).



NOTE: For each General or Limited Partner who is an individual, complete the Personal Data Information Form (page 6), and for each person attach two (2) completed fingerprints cards (available

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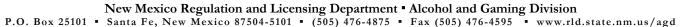
LIMITED LIABILITY COMPANY

1. Name of Limited Liability Company _____ 3. Date company registered (attach copy of certificate and Article of Organization)____/___/ 4. Mailing Address: Street ______ City _____ State ____ Zip ____ Phone _____ 5. 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 ALL MEMBERS AND MANAGERS Title Address % of interest/contribution Name 6. Has this Limited Liability Company ever had a liquor license in which it held any interest in any State suspended or revoked, or has the Limited Liability Company been denied the issuance of a liquor license? No Yes If Yes, provide details: 7. List every liquor license in which this Limited Liability Company owns any interest, direct or indirect:

NOTE: For each Member who is an individual, complete the **Personal Data Information Form** (page 6), and for each person attach two (2) completed fingerprints cards (available from the Alcohol and Gaming Division) along with fees and supporting documentation. Fingerprints must be taken by City Police, State Police or Sheriff (any state).

Return this form to the Alcohol and Gaming Division, 2550 Cerrillos Road, Santa Fe, New Mexico 87505, if using overnight delivery.







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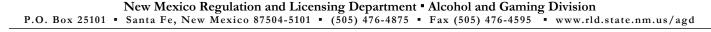
TRUST

1. Name of Trust					
2. Date Trust formed	d (attach copy of entire Trust Agree	ment)//			
3. Mailing Address:	Street	City	State	Zip	Phone
		iciary of the Trust – full disclosure is reque the appropriate corporation information		•	•
	1	LIST ALL TRUSTEES AND BENE	EFICIARIES		
Name	Title	Address			% of interest
license? No Ye	s If Yes, provide details:	eld any interest in any State suspended or			-
6. List every liquor	license in which this Trust owns an				

NOTE: For each Trustee and/or Beneficiary who are individuals, complete the Personal Data Information Form (page 6), and for each person attach two (2) completed fingerprints cards (available from the Alcohol and Gaming Division) along with fees and supporting documentation. Fingerprints must be taken by City Police, State Police or Sheriff (any state).

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CORPORATION

Name of Corporation: (Corporations must 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 complete names and addresses of all officers and directors of the Corporation, also the names and addresses of all stockholders of 10% or more of the stock in the Corporation. If a stockholder of 10% or more of the stock is any other legal entity, complete the appropriate disclosure page for the stockholding entity. Name and Title of Officers, Directors and Stockholders **Complete Address** % Stock Held USE ADDITIONAL PAGES IF NECESSARY. Has this Corporation ever had a liquor license in which it held any interest in any State suspended or revoked, or has the Corporation been denied the issuance of a liquor license? No___ Yes ___ If Yes, provide details: List every liquor license in which the Corporation holds any interest, direct or indirect: Has this Corporation ever been convicted of a felony? No___ Yes ___ If Yes, provide details:

** Note: For each individual applicant, partner, officer, director, and stockholder of 10% or more of stock in corporation, complete the Personal Data Information Form (page 6) and attach two completed sets of fingerprint cards (available from the Alcohol and Gaming Division) along with fees and supporting documentation. Fingerprints must be taken by City Police, State Police, or Sheriff (any state).

