



New Mexico Bingo &
Raffle Distributor/
Manufacturer
Renewal Application

(EFFECTIVE SEPTEMBER 1, 2017)

New Mexico Gaming Control Board

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Albuquerque, NM 87113
Phone: (505) 841-9700
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Website: www.nmgcb.org



New Mexico Gaming Control Board

BINGO DISTRIBUTOR/MANUFACTURER RENEWAL APPLICATION

Check the type of License for which Applicant is applying. (Check only one) Distributor
 Manufacturer

Applicant's Printed Name (last, first, middle)	Control Number (Assigned by Gaming Control Board)
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Doing Business As (DBA) & Trade Names	Email Address
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Business Street Address	Business Phone Number ()
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City	State	Zip	Business Fax Number ()
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Mailing Address, if different from Physical Address (city, state, zip)

NM State Tax ID Number (CRS Number)	Federal Tax ID Number
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1. Since last licensure or renewal, is the Licensee in good corporate standing in New Mexico as certified by the Public Regulation Commission? If yes, attach certificate of good standing issued by the Public Regulation Commission.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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2. Since last licensure or renewal, has your organization been involved in any civil litigation (including bankruptcies), government administrative actions (including tax related matters, liens, or investigations by any regulatory body), or been delinquent in the filing of any tax return or the payment of any taxes, interest, or penalty due to any taxing agency? If yes, attach explanation and documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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3. Since last licensure or renewal, is the Licensee delinquent in the payment of any judgments or tax liabilities due to any governmental agency in this state or any other jurisdiction? If yes, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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4. Since last licensure or renewal, has Licensee been issued a gambling citation, been convicted of a gambling offense, fraud, theft or embezzlement, or had a license related to gambling/gambling supplies revoked or suspended under the laws of this state or any other jurisdiction? If yes, provide the name of the jurisdiction, the date and description of the citation and/or the name of the court, the date of the conviction or administrative ruling and the statute or ordinance: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
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5. Since last licensure or renewal, has any agent or employee of the Licensee ever been convicted of any gambling offense, fraud, theft or embezzlement in New Mexico or elsewhere, or served with a summons for violations of bingo or gambling licensing laws? If yes, attach explanation and documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If Licensee is a distributor, please list all manufacturers since licensure or last renewal from whom it will purchase bingo equipment. _____

**Enclose with this application a complete description of each type of bingo supplies you intend to manufacture, distribute or supply in New Mexico, or for use in New Mexico.

** Since last licensure or renewal, enclose with this application a complete list of new clients, name, address and telephone number of those you currently conduct business with in the State of New Mexico.

FOR AGENCY USE ONLY

GCB BR-006 (Rev. 09/17)

DISTRIBUTOR/MANUFACTURE RENEWAL FEE.....\$200	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____	Entity Control #
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1. Is the applicant in good corporate standing in New Mexico as certified by the NM Secretary of State, and in all other states where it is authorized to transact business? If no, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the applicant ever had a bingo manufacturer or distributor license in any other state? If yes, please list jurisdiction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the applicant filed a state business tax return in the past three years? If yes, please list jurisdiction.	<input type="checkbox"/> YES NO
4. Has the applicant filed a federal business tax return in the past three years?	YES NO
5. Is the applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency in this state or any other jurisdiction? If yes, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has Applicant ever been issued a gambling citation, been convicted of a gambling offense, fraud, theft or embezzlement, or had a license related to gambling/gambling supplies revoked or suspended under the laws of this state or any other jurisdiction? If yes, provide the name of the jurisdiction, the date and description of the citation and/or the name of the court, the date of the conviction or administrative ruling and the statute or ordinance: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has any agent or employee of the applicant ever been convicted of any gambling offense, fraud, theft or embezzlement in New Mexico or elsewhere, or served with a summons for violations of bingo or gambling licensing laws? If so, state date thereof, crime involved and name of defendant: Date: _____ Crime: _____ Name: _____	YES NO
If applicant is a distributor, please list all manufacturers from whom it will purchase bingo equipment. _____ _____ _____	
**Enclose with this application a complete description of each type of bingo supplies you intend to manufacture, distribute or supply in New Mexico, or for use in New Mexico.	
**Enclose with this application a complete list of clients, name, address and telephone number of those you currently conduct business with in the State of New Mexico.	

Printed Full Legal Name (Last, First, Middle) _____

Signature of Applicant _____ Date _____



AFFIRMATION & CONSENT

I, Applicant's Printed Name, Title/Position on behalf of Company Name state under penalty of perjury that the entire Distributor/Manufacture Application Form, statements, and attachments are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a license by the State of New Mexico. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial or revocation of a gaming certification. I am voluntarily submitting this application to the New Mexico Gaming Control Board under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to New Mexico law. I further consent to any background investigation necessary to determine Applicants continuing eligibility for license and that this consent continues as long as I hold a New Mexico Bingo & Raffle license, and for 90 days following the expiration or surrender of such license. I am aware that I may be asked to submit federal or state tax returns if requested by the Gaming Control Board or its staff.

Printed Full Legal Name (Last, First, Middle) _____

Signature of Applicant _____ Date: _____

(Must be notarized by notary public)

State of _____)

)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____

My commission expires: _____ Signed: _____

Notary Public

[SEAL]



CERTIFICATION

I, Applicant's Printed Name, acknowledge, understand and agree that by applying for and accepting any license, certification, staff permit, renewal, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

1. I have read the Bingo & Raffle Act, Sections 60-2F-1 through 60-2F-26 NMSA 1978 ("Act") and administrative rules adopted or approved by the Board (collectively "Rules"), and I understand the requirements of the Act and Rules.
2. I understand and agree that, as a licensee, I am responsible for the compliance with the Act and Rules including, where applicable to my job duties.
3. I am signing this Certification with the knowledge that I will be subject to disciplinary action, including fines and/or revocation or suspension of the License, for failure to comply with the Act or Board rules including, where applicable to my job duties.

Printed Full Legal Name (Last, First, Middle) _____

Signature of Applicant _____ Date: _____

(Must be notarized by notary public)

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____

My commission expires: _____ Signed: _____

Notary Public

[SEAL]

APPLICATION & FEES

Initials: _____

Submit a \$200 non-refundable
Application Renewal fee for a three
(3) year license



OTHER REGULATORY

Initials: _____

Affix copy of Certificate of Corporate
Good Standing issued by the
Secretary of State.

EXPLANATIONS

Initials: _____ Affix written explanations and documentation to any question answered "Yes" on page 2.



DISTRIBUTOR ONLY

If Licensee is a Distributor,
please affix all manufacturers
since licensure or last renewal
from whom it will purchase
bingo equipmet/supplies

Initials:_____