

VILLAGE OF LOS LUNAS

660 Main Street NW PO Box 1209 Los Lunas, NM 87031 (505) 839-3842

CHECK ONE: INITIAL AP	PLICATION	RENEV	WAL	
1. BUSINESS, LICENSE AND TAX INFORMATION				
Business Name	pl	hone		
Business Address			NM	
Email address				
Property owner(s)	р	hone		
NM License/Application No				
NM Tax ID (CRS) No				
2. TYPE OF LIQUOR SERVICE				
Will package sales be offered? ☐ yes ☐ no				
What is the distance in feet to the nearest church?	To the nearest se	chool?		
(Distance from building to property line of church/school)				
3. SIGNATURE(S) OF AUTHORIZED APPLICANT(S)				
I understand my signature indicates that all of the information contained on this application is true and correct, and that Community Development Department approval of this liquor certification is dependent upon me abiding by all regulations found in the Village of Los Lunas Municipal Code, Chapter 5.16.				
Printed nameSignature			Date	
ADDITIONAL REQUIRED DOCUMENTATION Please inlcude the following with your application: VICINITY MAP Each liquor license application must inlcude a vicinity map showing the distances to the nearest school and church. Map scale should not exceed 1" = 50'. SITE AND FLOOR PLANS Application must also include complete site and floor plans for your proposed use. Map scale should not exceed 1" = 50'.				
**OFFICE US		=== 4		
Case #:		YES es consumption nufacture and co	and package sale	s