



STATE OF OKLAHOMA

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

CHECK LIST FOR AIRLINE/RAILROAD LICENSE

The documents requested below are required for a license application. ALL documents indicated must be provided. All documents must be legible and complete. Applicant may be an individual, partnership, limited liability company, or corporation (Joint ventures cannot be accepted). The original completed application pages and the required supporting documents with one (1) copy of application and documents will be submitted to the Commission. Additional documentation may be required during the investigation.

I. Application packet Supplied by the Commission to be completed by Applicant.

- ___ 1. Application Page 1. Complete the top of the page. Mark the license for which you are applying. Only one license per application. Complete oath in the middle of the page.
- ___ 2. Application Page 3. Complete all questions.
- ___ 3. Application Page 4. Applicant signs. If the applicant is a corporation, a duly authorized officer must sign. If a partnership, each partner must complete this page. If a limited liability company, a manager or member must sign.
- ___ 4. Application Page 10A. Corporations only complete. If a stockholder in the corporation is another corporation, the corporation which owns the stock must complete pages 10A, 12, and 13.
- ___ 5. Application Page 10B. Limited Liability Companies must complete. If a member is another limited liability company that company must complete pages 10B, 12, and 13.
- ___ 5. Application Pages 12 & 13. Complete all sections. Corporations, Limited Liability Companies, and partnerships must complete for the entity being licensed. Individuals, all partners, and all LLC managers and members must complete a personal financial statement. Bank addresses, account numbers, account signers, and account types must be listed.

II. Documentation Supplied by Applicant.

- ___ 1. Corporate Documents.
 - ___ A. Certificate of Incorporation.
 - ___ B. Certificate of Good Standing from the Oklahoma Secretary of State (cannot be over sixty (60) days old).
- ___ 1. Limited Liability Documents.
 - ___ A. Certificate of Good Standing from the Oklahoma Secretary of State (cannot be over sixty (60) days old).
 - ___ B. Articles of Organization. Filed with the Secretary of State with all amendments and corrections.
 - ___ C. Limited Liability Operating Agreement.
- ___ 2. Partnership Agreement. Submit, if applicable.
- ___ 3. Certification. Copy of Air Carriers Certificate from FAA.
- ___ 4. License Fee. Enclose a cashier's check or money order for the correct fee amount made payable to the ABLE Commission. Fee amounts are attached to the checklist.
- ___ 5. Copies. Mail original application with one (1) copy to: Oklahoma ABLE Commission, 3812 North Santa Fe, Suite 200, Oklahoma City, OK 73118. Walk-in applications are accepted 7:30 a.m. - 4:00 p.m., Monday - Friday.

**OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION
SCHEDULE OF LICENSE FEES**

TYPE OF LICENSE	LICENSE FEE/RENEWAL
Add-A-Partner(AAP)	10% of Amount of the Original License Fee
Airline(AAA)	1,005.00/905
Beer & Wine(BAW)	525.00/475
Bonded Warehouse(BWH)	190.00/190
Bottle Club(BOT)	1,000.00/900
Bottle Club Fraternal(BCF)	500.00/500
Carrier(CAR)	23.00/23
Caterer(CAT)	1,030.00/930
Caterer/Mixed Beverage Combination(CMB)	1,525.00/1,525
Change of Corporate Officers(CCO)	100.00
Change of Stockholders(COS)	100.00
Change of Managers(LLC)	100.00
Change of Members (LLC)	100.00
Change of Location(MXB, BOT, & CMB ONLY)	100.00
Charity Games Organization(CGO)	100.00/100
Charity Games Exempt Organization(CXO)	0.00
Charity Games Manufacturer(CGM)	2,000.00/2,000
Charity Games Distributor(CGD)	5,000.00/5,000
Charitable Alcoholic Beverage Event(CAB)	55.00
Charitable Alcoholic Beverage Auction(CAU)	1.00
Cider/Wine/Strong Beer Permit(CWP)	0.00
Class B Wholesaler(CBW)	1,625.00/1,625
Class B Wholesaler-with active low-point beer license(CBW)	2,125.00/2,125
Distiller(DIS)	3,125.00/3,125
Hotel Beverage(HOT)	1,005.00/905
Industrial(IND)	23.00/23
Manufacturers Agent(MFA)	55.00/55
Mixed Beverage(MXB)	1,530.00/1,430
Mixed Beverage Fraternal(MXF)	500.00/500
Non-Resident Seller(NRS)	3,250.00/3,250
prorated 7/1 through 6/30	
Oklahoma Brewer(OKB)	125.00/125
Oklahoma Winemaker(OKW)	75.00/75
Public Event Annual(PEV)	1,030.00/1,030
Public Event-One (1)Time(PUE)	255.00
Railroad(RRR)	100.00/100
Rectifier(REC)	3,125.00/3,125
Retail (Population as recorded in the last Federal Decennial Census)(RET)	
A - 200 to 2,500 population	455.00/455
B - 2,500 to 5,000 population	805.00/805
C - Over 5,000 population	1,155.00/1,155
Special Event Annual(SPE)	55.00
Special Event Quarterly(SPQ)	55.00
Storage(STO)	23.00/23
Wholesaler(WHO)	6,000.00/6,000
Winemaker(WIN)	625.00/625
Winemaker Self-Distribution(WSD)	750.00/750

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

APPLICATION

The filing of this application does not commit the Commission to the granting of the license that you are applying for, nor does it permit you to operate the business named below before the granting of the license.

LICENSEE NAME _____ DOING BUSINESS AS NAME _____

PREMISE LOCATION _____

Check the type of application:

- ___ Add-A-Partner
___ Airline/Railroad
___ Beer & Wine
___ Bonded Warehouse
___ Bottle Club
___ Brewer/Oklahoma Brewer
___ Carrier
___ Caterer
___ Change of Corporate Officers
___ Change of Managers or Members
___ Class B Wholesaler
___ Distiller
___ Industrial
___ Mixed Beverage
___ NonResident Seller
___ Oklahoma Winemaker
___ Rectifier
___ Caterer/Mixed Beverage Combo
___ Retail Store
___ Sacramental Wine
___ Storage
___ Wholesaler
___ Winemaker
___ Winemaker Self
___ Distribution

OATH

State of Oklahoma)
County of _____)
ss.

_____, being first duly sworn upon oath deposes and says: That he is the applicant who makes the above and foregoing application; that he has read and signed the same, knows the contents thereof and that all statements therein contained are true. Applicant(s) certifies that the statements and representations made herein are true and correct and consents that if any statements or representations herein are found to be false or omitted, that the Director may refuse to issue said license or may cause such license to be revoked forthwith at any time. He further agrees that he has filed all appropriate property with the County Assessor and that all ad valorem taxes assessed on his property, both real and personal, and wherever situated in the State of Oklahoma, have been paid.

Signature of Applicant(s)

Subscribed in my presence and sworn to before me this ___ day of _____, 20___.

My commission expires: _____ Notary Public

DO NOT WRITE IN THIS SECTION - CITY/COUNTY USE ONLY

In accordance with Title 37, Section 517, this notice is being mailed to you for recommendations as to whether or not this applicant should be issued a license in your city/county, by the ABLE Commission. You have twenty (20) days to respond. Please complete the following and submit a notarized copy of this page only to: ABLE COMMISSION, 3812 N. Santa Fe, Suite 200, Oklahoma City, Oklahoma 73118 (Attach additional page, if necessary.)

Grant _____ Deny _____ Reasons for denial _____

Signature of City/County Official

Title

Subscribed and sworn to before me this ___ day of _____, 20___.

My commission expires: _____ Notary Public

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

1. Name(s) of Individual Applicant, Partners, Limited Partnership, Corporation, or Limited Liability Company (include social security number or federal employer identification number):

- 1. _____
(Name) (Address) (City, State) (Zip) (SSN/FEI)
- 2. _____
- 3. _____
- 4. _____

2. Is License to be Issued to: Individual _____ Partnership _____
Corporation _____ Limited Liability Company _____

3. Doing Business Name of Premises: _____

4. Premises Address: _____
(Number, Street, Rural Route)

(City) (County) (State) (Zip)

5. Business Mailing Address: _____
(If different than #4 above) (P.O.Box, No., Street, R.R.)

(City) (State) (Zip)

6. Was Premises Previously Licensed by the Commission: _____ Yes _____ No

7. If Yes, to Whom? _____ Type of License: _____

8. Former Premises Name: _____

9. The Local Governing Body Where the Premises is Located: _____
(Name of City or County)

10. Application Contact Person: _____

(Address) (Tel.No: Home/Business/Message)

SIGNATURE OF APPLICANT(S) 1. _____
(Individual, Partners, General
Partner of a Limited Partnership,
Authorized Corporate Officer, 2. _____
Manager of a Limited Liability
Company) 3. _____
4. _____

DATE _____

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

CONFIDENTIAL DISCLOSURE

I, _____ (PLEASE PRINT) hereby authorize any person or organization listed in this application to provide information about me to an Agent of the Oklahoma Alcoholic Beverage Laws Enforcement Commission on a confidential basis, including bank and financial records, criminal history records, driving records, tax records and any other information relating to character or fitness for a liquor license.

Authorized Signature of Applicant

Title

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION
CORPORATE QUESTIONNAIRE

Licensee _____ Type of License _____

Trade Name _____

Address _____

City _____ Zip _____

Corporate Officers:

Title	Name	SSN	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Board of Directors/Trustees/Executive Committee:

Name	SSN	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stockholders:

Name	SSN	Address	No. of Shares Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total shares authorized to issue _____ No. of shares issued _____ No. of shares unissued _____

Service Agent (if applicable) _____

Address _____

_____ Date

_____ Signature of Corporate Officer

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Licensee _____ Type of License _____

Trade Name _____

Address _____

City _____ Zip _____

Limited Liability Company Managers:

Title	Name	SSN	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Limited Liability Company Members:

Name	SSN	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Resident Agent Name _____

Address _____

_____ Date

_____ Signature of Manager

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION
FINANCIAL STATEMENT

NAME _____ DOING BUSINESS NAME _____
(Individual, Partner, Limited Partnership, Corporation, Limited Liability Company)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
CHECKING AT		TAXES DUE	
Financial Institution		SCHEDULE D	
Name _____		OTHER	
Address _____			
Account Signer(s) Name _____			
Account # _____			
Financial Institution			
Name _____			
Address _____			
Account Signer(s) Name _____			
Account # _____			
Financial Institution			
Name _____			
Address _____			
Account Signer(s) Name _____			
Account # _____			
SAVINGS AT			
Financial Institution			
Name _____			
Address _____			
Account # _____			
Financial Institution			
Name _____			
Address _____			
Account Signer(s) Name _____			
Account # _____			
EARNEST MONEY			
LEASE DEPOSIT			
OTHER			
CASH VALUE OF:			
Schedule A			
Schedule B			
Inventory			
Fixtures/Equipment			
Vehicles			
Schedule C			
Life Insurance			
Other			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
		TOTAL LIABILITIES	
		& NET WORTH	

- Last year's total income: \$ _____ Source: _____
- Have you any assets or liabilities not listed on this financial statement?
Yes ___ No ___ If yes, explain why not included _____
- Are you a co-signer of any notes or contracts? Yes ___ No ___ If yes, explain _____
- Have you any judgments, suits, liens, or tax warrants filed against you?
Yes ___ No ___ If yes, explain _____
- Have you ever filed a petition of bankruptcy or been adjudged bankrupt? Yes ___ No ___ If yes, explain _____

Applicant Signature _____ Date _____

