



ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

3812 N. Santa Fe, Suite 200
Oklahoma City, OK 73118
(405) 521-3484

BREWER LICENSE APPLICATION CHECKLIST

Before completing the application packet read the information below:

- The building location must be completely constructed or within 60 days of completion of construction in order to apply for a license.
- **Both the application pages and additional items required must all be completed and provided for filing or the application will not be accepted (only exception; the certificate of compliance can be provided prior to license issuance).**
- The application will be reviewed and under investigation upon filing of application.
- The license fee is due upon filing the application. We accept cash, credit card, business check, money order, or cashier's check for walk-in customers. Mail-in customers can submit the license fee by money order, cashier's check, or business check only.
- File the completed application in person or by mail at the ABLE Commission, 3812 N. Santa Fe Avenue, Suite 200, Oklahoma City, OK 73118, Monday thru Friday 7:30 am to 4:30 pm.
- Contact the ABLE Commission office at (405) 521-3484 or visit our website at www.able.ok.gov for questions or general information.

****In addition to the ABLE Brewer License, you must apply for a tax permit with the Oklahoma Tax Commission.*** The Oklahoma Tax Commission provides an easy online application in order to register your business and become tax compliant. To apply for a tax account, proceed to <https://oktap.tax.ok.gov/OkTAP/Web> and select "Register a Business" under the Business Tab. Simply follow the prompts for registration as directed. Any questions with the registration process can be emailed to TaxAssist-Registration@tax.ok.gov. Your immediate attention to this matter is greatly appreciated.

****Please go to the PRO Website below to register all of your beer products.**

<https://www.productregistrationonline.com>

***If you have registration questions, please contact SOVOS team by either email: prosupport@sovos.com or phone (866) 890- 3971 x 1 x 3 x2. If you have brand registration questions for ABLE, please email Shelly.Berry@able.ok.gov**

Additional items an individual sole proprietor must provide:

- A copy of the Basic Federal Permit from the TTB. (www.ttb.gov)

****ADDITIONAL ITEMS FOR CORPORATIONS, LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND TRIBES OR TRIBAL CORPORATIONS ARE LISTED UNDER THEIR RESPECTIVE SECTIONS IN THE FOLLOWING APPLICATION.**



**ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION**

3812 N. Santa Fe, Suite 200
Oklahoma City, OK 73118
(405) 521-3484

BREWER LICENSE APPLICATION

Please complete the entire form. No licenses will be issued unless the ABLE Commission is able to verify the information provided. The ABLE Commission may request additional information not requested on this application. Additional information may be required prior to the issuance of any license.

BREWER LICENSE AND FEE

Brewer - \$1250.00

Primary Business at this Location: A brewer license shall authorize the holder thereof to manufacture, bottle, package and store beer on licensed premises and to sell in this state to holders of beer distributor licenses and to sell beer out of this state to qualified persons.

2. DBA Name of Location

3. Location Address

City

County

State

Zip

4. Mailing Address

City

County

State

Zip

5. Business Phone Number

6. Alternate Phone Number

7. E-mail Address

OWNER INFORMATION

8. Type of Owner

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Tribe |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Tribal Corporation/Entity |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Corporation | |

9. Business Owner/Applicant

10. Federal Employer Identification Number

OWNER INFORMATION

11. Application Contact Person	
Application Contact Address	Application Contact Phone Number
Application E-Mail Address for Correspondence	

12. Where did your funding for this business originate? Check and list all that apply. From whom?

INVESTMENT TYPE	AMOUNT	INVESTMENT TYPE	AMOUNT
<input type="checkbox"/> Ongoing Business Funds	\$	<input type="checkbox"/> Cash/Personal Funds	\$
<input type="checkbox"/> Promissory Note	\$	<input type="checkbox"/> Services	\$
<input type="checkbox"/> Loan	\$	<input type="checkbox"/> Equipment	\$
<input type="checkbox"/> Gift	\$	<input type="checkbox"/> Operating Capital	\$
<input type="checkbox"/> Other	\$		

I, _____, being duly sworn upon oath deposes and says: That he/she is the applicant who makes the above and foregoing application, that he/she 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 and 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.

Signature of Applicant(s)

CORPORATION

Corporations must complete this section and provide the following items:

- A Certificate of Good Standing from the Oklahoma Secretary of State. Contact (405) 521-4211
- A Certificate of Incorporation from the Secretary of State.
- A copy of Minutes Electing Corporate Officers, Directors, Stockholders, and applying for a license with ABLE.
- A copy of the Basic Federal Permit from the TTB. (www.ttb.gov)
- *Only Stockholders owning 15% or more are required to be reported for Corporations.*

1. Federal Employer Identification Number		
2. Business Entity Name		
3. No. of Shares Authorized to Issue	No. of Shares Issued	No. of Shares Unissued
4. Service Agent		Service Agent Address

CORPORATE OWNERSHIP INFORMATION

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

CORPORATE OWNERSHIP INFORMATION (continued)

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

LIMITED LIABILITY COMPANY

Limited Liability Companies must complete this section and provide the following items:

- A Certificate of Good Standing from the Oklahoma Secretary of State. Contact (405) 521-4211
- A copy of the Articles of Organization filed with the Secretary of State.
- A copy of LLC Operating Agreement including the schedule or attachment showing membership interest.
- A copy of the Basic Federal Permit from the TTB. (www.ttb.gov)

1. Federal Employer Identification Number	
2. Business Entity Name	
3. No. of Memberships or Units Issued	4. Member Managed or Manager Managed <input type="checkbox"/> Member Managed <input type="checkbox"/> Manager Managed
5. Resident Agent Name	
Resident Agent Address	

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION (continued)

<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

PARTNERSHIP

Partnerships, Limited Partnerships or General Partnerships must complete this section and provide the following items:

- A Certificate of Partnership from the Oklahoma Secretary of State. Contact (405) 521-4211
- A copy of the Partnership Agreement listing all partners and the amount of interest each partner owns.
- A copy of the Basic Federal Permit from the TTB. (www.ttb.gov)

1. Federal Employer Identification Number	
2. Business Entity Name	
3. Service Agent	Service Agent Address

PARTNERSHIP INFORMATION

<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEIN #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest

PARTNERSHIP INFORMATION (continued)

<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State	Birthdate (mm/dd/yyyy)	% of Interest

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TRIBE/TRIBAL CORPORATION

Tribes or Tribal Corporations must complete this section and provide the following items:

- You must submit a copy of any executed Management Agreements.
- You must submit a copy of the trust document or deed for the property.
- A copy of the Basic Federal Permit from the TTB. (www.ttb.gov)

1. Federal Employer Identification Number	
2. Name of Tribe or Tribal Entity	
3. Service Agent	Service Agent Address

TRIBE/TRIBAL OWNERSHIP INFORMATION

c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)

TRIBE/TRIBAL OWNERSHIP INFORMATION (continued)

☉ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
☉ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
☉ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
☉ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
☉ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
☉ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)
☉ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Driver's License No./State		Birthdate (mm/dd/yyyy)

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INDIVIDUAL PERSONAL HISTORY

MUST BE COMPLETED BY ALL APPLICANTS:

Individuals, partners, corporate officers, directors, stockholders, LLC managers, LLC members, tribal members, trustees, etc.

- Please complete all fields and answer all questions.
- Any false statement will disqualify you and subject you to prosecution under Oklahoma State law.

1. DBA Name of Location				
2. Location Address				
APPLICANT				
1. First Name	2. MI	3. Last Name	4. Birthdate (mm/dd/yyyy)	
5. Social Security Number	6. Driver's License No. / State	7. Place of Birth (City, State, Country)		
8. Sex	9. Height	10. Weight	11. Hair Color	12. Eye Color
13. Home Phone		14. Business Phone		
15. Email Address				
RESIDENT STATUS				
16. Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No		17a. If "Yes", answer the following <input type="radio"/> Native Born <input type="radio"/> Naturalized		
17b. If "Naturalized" provide the "A" number?		17c. If "NO" what is your legal status in the U.S.?		
17d. Provide all documents such as Visa, Resident Alien or Employment Authorization Documents				

CURRENT EMPLOYMENT

18a. Name of Employer	Employer's Address	
Title	From (mm/yyyy)	To (mm/yyyy)

INDIVIDUAL QUESTIONNAIRE

19a. Have you ever been convicted of, pled guilty to or nolo contendere to a felony?

Yes No

19b. Have you been convicted of any crime, violation or infraction of any law?

Yes No

19c. Are there presently pending against you any criminal charges?

Yes No

19d. Have you ever been convicted of a violation of any state or federal law relating to alcoholic beverages, or forfeited any bond while any such charge was pending against you?

Yes No

19e. If you have answered "Yes" to 19a through 19d, list below

OFFENSE	DATE	CITY/COUNTY STATE	DISPOSITION (fine, probation, incarceration)

20. Are you presently or have you been licensed or employed in the liquor business?

Yes No

LICENSE TYPE	LICENSE NUMBER	WHEN	LOCATION

21. Have you ever received a warning, a notice of violation, suspension, fine or revocation as a licensee?

Yes No

WHEN	LOCATION

22. Have you ever been refused a license to sell, serve or dispense alcoholic beverages?

Yes No

WHEN	LOCATION

23. Have you ever held or do you hold any financial interest in any liquor enterprise (manufacturing, importing, wholesale or retail)?

Yes No

WHEN	LOCATION

24a. Is your spouse or any family member(s) working in any area of the liquor industry?

Yes No

24b. If yes, for whom?

INDIVIDUAL QUESTIONNAIRE (continued)

25a. Are you a member of any board or commission, or an agent or an employee of the state of Oklahoma or any political subdivision thereof? (County, City, Town or School District)

Yes No

25b. If yes, explain

26a. Do you individually, or the legal entity to be licensed, have any right, title, lien, claim or other interest, financial or otherwise, in, upon or to the premises, equipment, business of any ABLE Commission License?

Yes No

26b. If yes, explain

27a. Does your interest result in exercise of control over, or participation in the management of the manufacture or wholesaler's business or business decisions?

Yes No

27b. If yes, explain

28a. Are you a law enforcement official, a peace officer engaging in law enforcement activities or a person who appoints law enforcement officials?

Yes No

28b. If yes, explain

29. Are you an employee of or related to any employee of the ABLE Commission or to the Director, Assistant Director, or member by affinity or consanguinity within the third degree?

Yes No

30. Are you a judge, district attorney or public official who sits in a judicial capacity with jurisdiction over the Oklahoma Alcoholic Beverage Control Act?

Yes No

31. Are you an employee of the Oklahoma Tax Commission engaging in auditing, enforcing or collecting of alcoholic beverage taxes?

Yes No

I, _____, under penalty of law, swear that I have read all information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges being filed against me. I also authorize the ABLE Commission to use all legal means to verify the information provided. I authorize any person or organization listed in this application to provide information about me to an Agent of the Oklahoma Alcoholic Beverage Law 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. I will immediately notify the ABLE Commission if a Licensee-Wholesaler connection as described in the questionnaire above exists or is contemplated in my business.

Signature of Applicant(s)

Title