

# OKLAHOMA ALCOHOLIC BEVERAGES LAWS ENFORCEMENT COMMISSION

CHARITY GAME APPLICATION  
MANUFACTURER'S LICENSE FEE: \$2,000  
DISTRIBUTOR'S LICENSE FEE: \$5,000

The attached application and documents listed below are required for a manufacturer or distributor license. Applicant may be an individual, a partnership or a corporation. Joint ventures cannot be accepted. All documents must be legible and complete.

1. **Corporate documents**
  - A. **Certificate of Incorporation**
  - B. **Corporate By-Laws and Articles of Incorporation**
  - C. **Certificate of Good Standing from Secretary of State of Oklahoma**  
Must have been issued within last sixty (60) days, or

If a foreign organization, a letter of agreement from the agent representing the corporation. (Must be residing in Oklahoma authorized to receive service of process on behalf of the business entity). Letter must include agent's full name; business and home addresses and telephone numbers; and social security number of that agent or the federal employer identification number, if a corporation.

- D. **If an Oklahoma based organization or if a premise is located in Oklahoma, a letter of tax clearance from the Oklahoma Tax Commission. (Page 8 of the application is for this purpose).**
2. **Partnership agreement, if applicable.**
3. **Page 3 of the application must be completed for all officers and stockholders owning 10% or more of any class of stock in the corporation. Page 4 of the application must be signed by all officers and stockholders owning 10% or more of any class of stock in the corporation. (If additional blank forms are needed, these pages may be copied.)**

Other information may be required during the investigation. License fee may be paid with applicant's business check, cashier's check or money order in the correct amount at the time of application. **Personal checks will not be accepted.**

Mail original application and supporting documents with **three copies of each page to:**

**OKLAHOMA ALE COMMISSION**  
3812 N SANTA FE STE 200  
OKC OK 73118-8500

The filing of this application does not guarantee that the ABLE Commission will grant the license that you are applying for, nor does it permit you to operate as a manufacturer or distributor in the State of Oklahoma as applied for. If a license is granted by the ABLE Commission, you will receive a LICENSE CERTIFICATE.

**OATH**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, (Chief Executive Officer, Partners, or Individual Applicant), being first duly sworn upon oath deposes and says: That one is the applicant who made the attached application; that one has read and signed the same. Applicant(s) certifies, subject to the penalties provided by law, that all information given in regard to the application for license is true, complete, and correct to the best of one's knowledge and belief. I acknowledge and agree that the ABLE Commission may make any contact necessary to verify the information or to seek further information and that the Director may refuse to issue said license or may cause such license to be revoked at any time under the Oklahoma Charity Games Act.

Signature(s) of Corporation Officers, Partners, or Individual Applicant:

\_\_\_\_\_  
\_\_\_\_\_

Subscribed in my presence and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Name of Applicant, (Corporation, Partnership or Individual): Attach additional pages if necessary.

\_\_\_\_\_  
Name

2. \_\_\_\_\_  
Federal Employer Identification Number

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Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Organization's Telephone Number \_\_\_\_\_ Oklahoma Premise Telephone Number \_\_\_\_\_

3. -----  
Oklahoma Premise Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. \_\_\_\_\_  
Contact Person's Name/Title \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

\_\_\_\_\_  
Social Security # \_\_\_\_\_ Employer's Name \_\_\_\_\_

5. \_\_\_\_\_  
OKLA Res. Agent/Premise Mgr.'s Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

\_\_\_\_\_  
Social Security or FEI #

6. List anyone else not signing this application but sharing the ownership or receiving a percentage of profits or bonus from this business:

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

7. Has Applicant been licensed in Oklahoma previously? \_\_\_ Yes \_\_\_ No

If yes, Business Name: \_\_\_\_\_ Type of License? \_\_\_\_\_



**CONFIDENTIAL DISCLOSURE**

**This page must be completed by all Corporate officers and stockholders owning 10% or more of any class of stock in corporation.**

**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 Charity Games license.**

\_\_\_\_\_  
**Authorized Signature of Applicant**

\_\_\_\_\_  
**Title**

**CORPORATE QUESTIONNAIRE**

When completing this questionnaire, attach additional pages if necessary. If a 10% stockholder in the corporation is another corporation, the corporation which owns the stock must submit this questionnaire and a financial statement for the corporation.

Applicant \_\_\_\_\_

**CORPORATE OFFICERS:**

TITLE	NAME	SOCIAL SECURITY NUMBER
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**BOARD OF DIRECTORS:**

TITLE	NAME	SOCIAL SECURITY NUMBER
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**STOCKHOLDERS** owning 10% or more of any class of stock in corporation:

NAME	SOCIAL SECURITY NUMBER	NUMBER OF SHARES HELD
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TOTAL SHARES AUTHORIZED TO ISSUE: \_\_\_\_\_ NUMBER OF SHARES ISSUED \_\_\_\_\_  
NUMBER OF SHARES UNISSUED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORPORATE OFFICER

\_\_\_\_\_  
DATE

**CORPORATE QUESTIONNAIRE (Continued)**

***DISTRIBUTOR APPLICANTS:***

List name and address of each of your separate distributing charity game equipment:

LOCATION NAME	ADDRESS	CITY	STATE	ZIP
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List name and address of all owners of the distributing business entity if the business entity is not a corporation:

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***MANUFACTURER APPLICANTS:***

List name and address of each of your separate locations manufacturing charity games equipment:

LOCATION NAME	ADDRESS	CITY	STATE	ZIP
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List name and address of all owners of the manufacturing business entity if the business entity is not a corporation:

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List any officers or owners who have any interest in any other gaming-related entities:

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***FOREIGN MANUFACTURERS:***

List full name, business address, and home address of the person who is a resident of this state authorized to receive service of process on behalf of the business entity: (Same as on Page Two, #5)

NAME	ADDRESS	CITY	STATE	ZIP
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Business Phone No: \_\_\_\_\_ Residence Phone No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Corporate Officer \_\_\_\_\_  
Date

MAIL TO: Business Tax Accounts  
Account Maintenance Division  
Oklahoma Tax Commission  
P O Box 53248  
Oklahoma City, OK 73152-3248

DATE: \_\_\_\_\_

Dear Sir:

We are completing the application process through the ABLE Commission for a(n) \_\_\_\_\_ initial (Check one) \_\_\_\_\_ renewal charity games license.

If renewal: \_\_\_\_\_ Date Organization Began Conducting Bingo  
\_\_\_\_\_ Date Organization Began Selling Breakopen Tickets

Please send a letter to the address below stating that the organization named is in compliance with all state tax laws. (Applicant, please complete the following):

\_\_\_\_\_  
Name of Organization Federal Employer Identification Number

\_\_\_\_\_  
Mailing Address of Organization

\_\_\_\_\_  
City State Zip Code

Date Organization Began Doing Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

What Fundraising have you done in the last year (bingo, bake sales, dances, etc.)  
List any other name and/or FEI number under which this organization has conducted business and/or reported sales, withholding, or income tax to the State of Oklahoma:

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
FEI(s)

\_\_\_\_\_  
Tax Type and Date of Last Filing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Person Signing Title

\_\_\_\_\_  
Daytime Telephone (please include area code)  
Please direct questions to TAMARA BROCK: (405) 521-3145

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