



**ALCOHOLIC BEVERAGE LAWS  
ENFORCEMENT COMMISSION**

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

**CARRIER LICENSE APPLICATION**

Please complete and submit the application and required items 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.

**CARRIER FEE AND REQUIRED ITEMS**

**Carrier Fee - \$23.00**

- Proof of Insurance covering both bodily injury and property damage.
- A copy of the Operating Authority from the Interstate Commerce Commission or Oklahoma Corporation Commission.

A **carrier license** may be issued to any common carrier operating under a certificate of convenience and necessity issued by any duly authorized federal or state regulatory agency. Such license shall authorize the holder thereof to transport alcoholic beverages other than wine sold directly by a winemaker or winery to a retail package store or restaurant into, within, and out of this state.

**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**

Individual

Partnership

Limited Partnership

General Partnership

Corporation

Limited Liability Company

Tribe

Tribal Corporation/Entity

Other \_\_\_\_\_

**9. Name of Individual/Sole Proprietor (if owned by and individual)**

**9b. Social Security Number**

**10a. Name of Business Entity (if Partnership, Corp., LLC or Tribe)**

**10b. Federal Employer Identification Number**

<b>11. Application Contact Person</b>
<b>Application Contact Address</b>
<b>Application Contact Phone Number</b>
<b>Application E-Mail Address for Correspondence</b>

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. He/She further agrees that he/she has filed all appropriate property with the County Assessor and that all ad valorem taxes assessed on his/her property, both real and personal, and wherever situated in the state of Oklahoma, have been paid.

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**Signature of Applicant & Date**