

ABLE CONTROL NUMBER

NEW LICENSE NUMBER

(Check one) NEW APPLICATION \_\_\_\_\_ RENEWAL APPLICATION \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_  
 (Check One License Type; A separate application is required for each license type) EXPIRATION DATE \_\_\_\_\_  
 \_\_\_\_\_ Charity Games Employee (\$15.00) \_\_\_\_\_ Charity Games Manager (\$50.00)  
 \_\_\_\_\_ Alcohol Bev. Employee (\$30.00) \_\_\_\_\_ Alcohol Bev. Agent (\$55.00) \_\_\_\_\_ Manufacturing Agent (\$55.00)

PLEASE TYPE OR PRINT

NAME \_\_\_\_\_  
 First Name Middle Name Last Name

Other name (if any) \_\_\_\_\_

Home or Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 NOT EMPLOYER ADDRESS

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M  F  Social Security Number \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 (Check one)

Driver License Number \_\_\_\_\_ State \_\_\_\_\_  
 Number

Employer (if any) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ANSWER EACH OF THE FOLLOWING QUESTIONS. EACH YES ANSWER REQUIRES AN EXPLANATION.**

1. Have you ever been convicted of or pled guilty or nolo contendere to any Felony? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If YES, for what, where (city, county and state), and when convicted.

2. Have you ever been convicted of or pled guilty or nolo contendere to a misdemeanor related to gambling or gaming? If YES, for what, where (city, county and state), and when convicted YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are you Employed as:  
 a) a judge, district attorney, or public official who sits in a judicial capacity with jurisdiction over the Oklahoma Alcoholic Beverage Control Act? YES \_\_\_\_\_ NO \_\_\_\_\_  
 b) a peace officer engaging in law enforcement activities? YES \_\_\_\_\_ NO \_\_\_\_\_  
 c) a Tax Commission employee engaging in auditing, enforcing, or collecting of alcoholic beverages taxes? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If you answered YES to any of the above, where do you work and what do you do?

4. Are you a United States Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If you answered NO to the above question, please provide a copy of a permanent residence card

Applicant Signature: \_\_\_\_\_

**This is a WEB Mail-In Employee Application.**

All payments of fees should be made payable to the **Oklahoma ABE Commission 3812 N. Santa Fe, Ste 200 OKC, OK 73118**. The License fee may be paid by cashier's check, money order or personal check. **PLEASE DO NOT SEND CASH.** Be certain that the application is legible. **Applications that are illegible, incomplete, not accompanied by the required fee, or found to be inaccurate will be denied.** **Once your eligibility to hold a license has been verified your license will be mailed to your home address.**

For those applying by certified mail the certified mail receipt and proper identification will serve as a temporary license for a period not to exceed thirty (30) days.