ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

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

RETAIL SPIRITS STORE 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.

Additional items an individual Sole Proprietor must provide:

- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- A Certificate of Compliance from the city or county where the business is located stating all building codes for zoning, fire, safety, and health are in compliance or are not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for each partner.

ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION

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

RETAIL SPIRITS STORE 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.

RETAIL SPIRITS STORE LICENSES AND FEES

Fee if Population of City of Town is over 5,000 - $1155.00
Fee if Population of City or Town is between 2,501 to 5,000 - $805.00
Fee if Population of City of Town is 200 to 2,500 - $455.00

1. Primary Business at this Location

- ○ Liquor Store
- ○ Other _____

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

9a. Name of Individual/Sole Proprietor	9b. Social Security Number

10a. Name of Partners	10b. Social Security Number(s)

OWNER INFORMATION

11. Was Premises Previously Licensed by the Commission

c Yes c No

If Yes, to Whom?	**Type of License**

12. Application Contact Person

Application Contact Address

Application Contact Phone Number

Application E-Mail Address for Correspondence

13. Is your business located within 300 feet of a church or public school?

c Yes c No

14. Where did your funding for this business originate? ***Check and list all that apply.***

INVESTMENT TYPE	AMOUNT	INVESTMENT TYPE	AMOUNT
c Ongoing Business Funds	$	c Cash/Personal Funds	$
c Promissory Note	$	c Services	$
c Loan	$	c Equipment	$
c Gift	$	c Operating Capital	$
c 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. 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.

_____

Signature of Applicant(s)

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 Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- A Certificate of Compliance from the city or county where the business is located stating all building codes for zoning, fire, safety, and health are in compliance or not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for each partner.

1. Dba Name	
2. Partnership Name	
3. Service Agent	**Service Agent Address**

PARTNERSHIP INFORMATION

c General Partner c Limited Partner

First Name or Entity Name	**MI**	**Last Name**	**Title**
SSN or FEIN #	**Drivers License No./State**	**Birthdate (mm/dd/yyyy)**	**% of Interest**

c General Partner c Limited Partner

First Name or Entity Name	**MI**	**Last Name**	**Title**
SSN or FEI #	**Drivers License No./State**	**Birthdate (mm/dd/yyyy)**	**% of Interest**

c General Partner c Limited Partner

First Name or Entity Name	**MI**	**Last Name**	**Title**
SSN or FEI #	**Drivers License No./State**	**Birthdate (mm/dd/yyyy)**	**% of Interest**

c General Partner c Limited Partner

First Name or Entity Name	**MI**	**Last Name**	**Title**
SSN or FEI #	**Drivers License No./State**	**Birthdate (mm/dd/yyyy)**	**% of Interest**

PARTNERSHIP INFORMATION (continued)

c General Partner c Limited Partner

First Name or Entity Name	MI	Last Name	Title

SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

c General Partner c Limited Partner

First Name or Entity Name	MI	Last Name	Title

SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

c General Partner c Limited Partner

First Name or Entity Name	MI	Last Name	Title

SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

c General Partner c Limited Partner

First Name or Entity Name	MI	Last Name	Title

SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

c General Partner c Limited Partner

First Name or Entity Name	MI	Last Name	Title

SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

c General Partner c Limited Partner

First Name or Entity Name	MI	Last Name	Title

SSN or FEIN #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

c General Partner c Limited Partner

First Name or Entity Name	MI	Last Name	Title

SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

INDIVIDUAL PERSONAL HISTORY

MUST BE COMPLETED BY ALL APPLICANTS:

Individuals and partners

- 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. Drivers 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?	17a. If "Yes", answer the following
○ Yes ○ No	○ Native Born ○ 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 contendre to a felony?

c Yes c No

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

c Yes c No

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

c Yes c 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?

c Yes c 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?

c Yes c 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?

c Yes c No

WHEN	LOCATION

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

c Yes c No

WHEN	LOCATION

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

c Yes c No

WHEN	LOCATION

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

c Yes c 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)

c Yes c 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?

c Yes c 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?

c Yes c 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?

c Yes c 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?

c Yes c 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?

c Yes c No

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

c Yes c 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**

LOCATION DIAGRAM

Draw a diagram of the licensed premises on this page. The diagram should include the following: outside dimensions, rooms, doorways, bars and liquor storage areas. DO NOT SUBMIT. Keep the drawn diagram and have it ready to present to the Agent who contacts you regarding your inspection.

NOTICE OF INTENTION TO APPLY FOR AN ALCOHOLIC BEVERAGE LICENSE

1. **Complete in detail**
2. **Copy to newspaper for publication**
3. **Said notice shall be published in not less than 2 column inches in a legal newspaper of general circulation in the county in which licensed premises are to be located.**
4. **The notice will be twice published, once every eight (8) days for two (2) successive weeks.**
5. **Submit original with application.**

In accordance with Title 37, Section 522 and Title 37A, Section 2-141

_____
name and address of individual, partners, or partnership

a/an _____ hereby publishes
individual, general partnership, or limited partnership

notice of _____ intention to apply within sixty days from this date to the Oklahoma Alcoholic
his, her, its, their

Beverage Laws Enforcement Commission for a _____
Retail Spirits Store

License under authority of and in compliance with the said Act: That _____ intend(s), if granted
he, she, it, they

such license to operate as a _____ establishment
Retail Spirits Store

with business premises located at _____

in _____, _____, Oklahoma under the business name of
city county

_____

Dated this _____ day of _____, 20_____

Signature of applicant(s): if partnership, all partners must sign.

_____ _____

County of _____, State of _____

Before me, the undersigned notary public, personally appeared:

_____

to me known to be the person(s) described in and who executed the foregoing application and acknowledged that _____ executed the same as _____ free act and deed.
he, she, they his, her, their

_____ _____
Notary Public **My commission expires**

PROOF OF PUBLICATION

1. Attach a copy of each run of the publication.
2. Submit original completed proof of publication with application.
3. You may submit the publisher's affidavit form in place of the above affidavit.

I do hereby declare, under penalty of perjury, that _____
Name of legal newspaper
did cause to be published in a legal newspaper of general circulation in the county of _____ located in the city of _____, Oklahoma by causing the same to be published on the _____ day of _____, 20_____ and on the _____ day of _____, 20_____, a notice of intention to apply for an ABLE Commission License, and that a true copy of said notice is attached and made a part hereof.

_____
Legal representative of the newspaper

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

_____ _____
Notary Public **My commission expires**