



**ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION**

50 NE 23rd Street
Oklahoma City, OK 73105
(405) 521-3484

BEER DISTRIBUTOR 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 the application online.
- The license fee is due upon filing the application online by credit card or debit card **only**.
- Contact the ABLE Commission office for questions or general information at (405) 521-3484 or visit our website at <https://oklahoma.gov/able-commission.html>

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 in the individual's name.
- 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.

**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

50 NE 23rd Street
Oklahoma City, OK 73105
(405) 521-3484

BEER DISTRIBUTOR APPLICATION

Please complete the entire form. Additional information may be required prior to the issuance of any license.

BEER DISTRIBUTOR LICENSE AND FEE

Beer Distributor - \$1750.00

1. Primary Business at this Location <input type="checkbox"/> Beer Distributor			
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	

BUSINESS OWNERSHIP INFORMATION

8. Type of Owner <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Tribe <input type="checkbox"/> Tribal Corporation/Entity <input type="checkbox"/> Other _____	
9a. Name of Individual/Sole Proprietor (if owned by an individual)	9b. Social Security Number
10a. Name of Business Entity (if Partnership, Corp., LLC or Tribe)	10b. Federal Employer Identification #

BUSINESS OWNERSHIP INFORMATION

11. Was Premises Previously Licensed by the Commission <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, to Whom?		Type of License	
12. Application Contact Person			
Application Contact Address			
Application Contact Phone Number		Application Contact E-Mail Address	
13. Name of General Manager Onsite		General Manager Phone Number	
14. Where did your funding for this business originate? Check and list all that apply.			
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. 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)

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 Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract in the name of the Corporation.
- 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 the Corporation.
- *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 #	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
<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
<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

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 Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract in the name of the LLC.
- 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 the LLC.

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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract in the name of the Partnership.
- 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. 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers 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 #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

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 for the Tribe or Corporation.
- You must submit a letter from the tribe stating whether or not they require building code inspections or stating the location meets zoning, fire, safety, and health codes.
- You must submit a letter from the tribe stating all real and personal property taxes have been paid or their tax status is tax-exempt.
- You must submit a letter from the Intertribal Commission approving the tribal gaming compact.
- You must submit a copy of a signed and completed Tribal Gaming Compact.
- You must submit a copy of the tribal rules, regulations, laws, or ordinances related to alcoholic beverages.

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

TRIBE/TRIBAL OWNERSHIP INFORMATION (continued)

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

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

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. 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			

RESIDENTIAL ADDRESS

16. List residential addresses for the past (5) years starting with the current address. Attach a separate sheet if necessary.

NUMBER AND STREET	CITY, STATE, ZIP	FROM (mm/yyyy)	TO (mm/yyyy)

RESIDENT STATUS

17a. Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	17b. If "Yes", answer the following <input type="radio"/> Native Born <input type="radio"/> Naturalized
17c. If "Naturalized" provide the "A" number?	17d. If "NO" what is your legal status in the U.S.?
17e. 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)

<p>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) <input type="radio"/> Yes <input type="radio"/> No</p>
<p>25b. If yes, explain</p>
<p>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? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>26b. If yes, explain</p>
<p>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? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>27b. If yes, explain</p>
<p>28a. Are you a law enforcement official, a peace officer engaging in law enforcement activities or a person who appoints law enforcement officials? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>28b. If yes, explain</p>
<p>29. Are you an employee of or related to any member of the ABLE Commission or to the Director or Assistant Director by affinity or consanguinity within the third degree? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>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? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>31. Are you an employee of the Oklahoma Tax Commission engaging in auditing, enforcing or collecting of alcoholic beverage taxes? <input type="radio"/> Yes <input type="radio"/> No</p>

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 or attach a diagram of the licensed premises. The current diagram should include the following: outside dimensions, rooms, doorways, bars and liquor storage areas. **Have the diagram ready to present to ABLE Agent for Inspection ONLY.

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, limited partnership, corporation, limited liability company, tribe or tribal corporation
a/an _____ hereby publishes

individual, partnership, limited partnership, corporation, limited liability company, tribe or tribal corporation
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 _____

Beer Distributor
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
Beer Distributor

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. If corporation, an officer of the corporation must sign. If limited liability company, a manager must sign. If tribe, a tribal member 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