

FOR ABLE USE ONLY

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Amount

INITIALS

CCk

Cash

NEW LICENSE NUMBER

**OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION
ALCOHOLIC BEVERAGE MANUFACTURERS AGENT/AGENT/EMPLOYEE AND
CHARITY GAMES EMPLOYEE/MANAGER APPLICATION FORM**

(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)
..... Alchol. Bev Employee (\$30.00) Alchol. Bev Agent (\$55.00) Alchol. Bev Mfr Agent (\$55.00)

**PLEASE TYPE OR PRINT
NAME**

First Name _____ Middle Name _____ Last Name _____

Other Name (if any) _____

Home or Mailing Address _____

NOT EMPLOYER ADDRESS

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Sex M F Social Security Number _____
(Check one)

Phone Number (Home) _____ (Work) _____

Drivers License Number _____

Number _____ State _____

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?
If YES, for what, where (city, county and state), and when convicted. YES _____ NO _____

2. Have you ever been convicted of or pled guilty or nolo contendere of 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 beverage taxes? YES _____ NO _____
If you answered YES to any of the above, where do you work and what do you do?

Applicant Signature Line _____

CREDIT CARD PAYMENT INFORMATION

*** Required Fields**

* Card Type VISA _____ MASTER CARD _____ DISCOVER _____ AMERICAN EXPRESS _____

* Name (as shown on card) _____

* Billing Address for Cardholder _____ * Home Phone Nr _____

* Credit Card Number _____ * Credit Card Expiration Date _____ * CCSecurity Code _____

Card Holder

* Signature Line _____

Walk-in applications are accepted Monday thru Friday from 7:30 a.m. to 4:30 p.m. The license fee may be paid in cash, cashiers check, money order or credit card (Visa, Discover, MasterCard, American Express). **PERSONAL CHECKS ARE NOT ACCEPTED.** Walk in applicants submitting an application will receive a computer generated receipt that will serve as a license for a period not to exceed thirty (30) days.

Applications may be mailed by **CERTIFIED MAIL** to: ABLE Commission, 4545 N. Lincoln, Suite 270, Oklahoma City, OK 73105. Be certain to include the license fee in one of the acceptable forms listed above. **It is strongly recommended that you do not send cash through the mail.** For those applying by certified mail the certified mail receipt and proper identification will serve as a license for a period not to exceed thirty (30) days.

Be certain that you answer every question and provide the required explanations. 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.

For Alcoholic Beverage Employee License Applicants

** If you do not receive the new license at the listed address in thirty (30) days, contact the Licensing Division at (405) 521-3484.

** If a health card is required in your county, it is your responsibility to obtain one.