

FOR ABLE USE ONLY

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|------------------------------|-------------------------------|------------------------------|--------|----------|
| <input type="checkbox"/> CrC | <input type="checkbox"/> MO | <input type="checkbox"/> BkC | Amount | INITIALS |
| <input type="checkbox"/> CCk | <input type="checkbox"/> Cash | | | |

ABLE CONTROL NUMBER

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.

- 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 _____
- 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 _____
- 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.**