

OKLAHOMA TAX COMMISSION NOTIFICATION OF BUSINESS ADDRESS CHANGE



I. INFORMATION	
Name of Permit Holder: _____	FEIN/SSN: _____
Trade Name/DBA of Business: _____	Store Number: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Business Telephone Number: _____	Daytime Telephone Number: _____

II. TAX TYPES	Tax types for which the new address is applicable: (provide the permit or account number for each)
Sales: _____	Use: _____ Cigarette: _____ Tobacco: _____
Beer*: _____	Mixed Beverage**: _____ Withholding: _____
Waste Tire: _____	Franchise: _____ Other: _____
Your cigarette license, beer license, sales tax permit and mixed beverage license are transferable to your new business location without an additional fee subject to the limitation stated below.	
<p>a. * <u>Beer License</u>. You must obtain a new county beer license or obtain an amended county license from the county clerk for the new location (A copy must be attached to the application) before the permit can be transferred to the new location.</p> <p>b. ** <u>Mixed Beverage</u>. You must obtain permission from the ABLE Commission to change the location for your mixed beverage permit. Upon approval from the ABLE Commission, we will process the transfer of your permit.</p>	

III. BUSINESS INFORMATION	OFFICE USE ONLY
Is this a change of mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	COPO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Is this a change of physical location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A) NEW MAILING ADDRESS OF BUSINESS:	
Street Address: _____	Effective Date: _____
City: _____	State: _____ Zip Code: _____
B) PREVIOUS LOCATION OF BUSINESS:	
Street Address: (do not use PO Box or rural route number) _____	
City: _____	State: _____ Zip Code: _____
County: _____	
C) NEW LOCATION OF BUSINESS:	
Street Address: (do not use PO Box or rural route number) _____	
City: _____	State: _____ Zip Code: _____
County: _____	
D) NEW LOCATION INFORMATION:	
Check here if in City Limits: <input type="checkbox"/>	Effective Date of New Location: _____
Are all the sales and/or deliveries made inside the city limits of the city listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all the sales and/or deliveries made inside the county limits of the county listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. SIGNATURE	<i>I declare that the information contained in this application and any attachment is true and correct to the best of my knowledge.</i>
Authorized Signature: _____	Mail To: OKLAHOMA TAX COMMISSION POST OFFICE BOX 26920 OKLAHOMA CITY, OK 73126-0920
Title: _____ Date: _____	