



ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

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

REQUEST TO ADD A PARTNER

Please complete and submit this request form in person or by mail to the ABLE Commission, 3812 N. Santa Fe Avenue, Suite 200, Oklahoma City, OK 73118, Monday thru Friday 7:30 AM to 4:30 PM.

REQUIREMENTS TO ADD A PARTNER

FEE IS 10% OF THE ORIGINAL LICENSE FEE

*NO FEE IF YOU ARE A SPOUSE AND WERE MARRIED AT TIME LICENSE WAS FIRST ISSUED

1. ABLE License Number			
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	
<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Tribe
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Tribal Corporation/Entity
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporation	
9a. Name of <u>Current Licensee</u> Individual/Sole Proprietor/Partnership	9b. Social Security Number
10a. Name of <u>New Partner</u> (Individual or Business Entity)	10b. SSN or FEI Number

OWNER 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 E-Mail Address for Correspondence			
13. Is your business located within 300 feet of a church or public school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Where did your funding for this business originate? Check and list all that apply. From whom?			
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)

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 deed, lease, management agreement, or sales contract in the name of the partners or partnership.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for each partner and Partnership.

1. Name of Partnership	
2. Contact Phone Number	
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

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	

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="checkbox"/> Yes <input type="checkbox"/> No	17b. If "Yes", answer the following <input type="checkbox"/> Native Born <input type="checkbox"/> 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 contender to a felony? <input type="radio"/> Yes <input type="radio"/> No			
19b. Have you been convicted of any crime, violation or infraction of any law? <input type="radio"/> Yes <input type="radio"/> No			
19c. Are there presently pending against you any criminal charges? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No			
WHEN	LOCATION		
22. Have you ever been refused a license to sell, serve or dispense alcoholic beverages? <input type="radio"/> Yes <input type="radio"/> No			
WHEN	LOCATION		
23. Have you ever held or do you hold any financial interest in any liquor enterprise (manufacturing, importing, wholesale or retail)? <input type="radio"/> Yes <input type="radio"/> No			
WHEN	LOCATION		
24a. Is your spouse or any family member(s) working in any area of the liquor industry? <input type="radio"/> Yes <input type="radio"/> 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) <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No
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

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)