



ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

3812 N. SANTA FE, SUITE 200
OKLAHOMA CITY, OK 73118
(405) 521-3484

CHANGE OF OFFICERS, DIRECTORS AND STOCKHOLDERS

Please complete the entire form and submit the required fees in person or by mail at the ABE Commission, 3812 N. Santa Fe Avenue, Suite 200, Oklahoma City, OK 73118, Monday thru Friday 7:30 AM to 4:30 PM. You are required to notify the ABE Commission of any change in corporate officers, directors and stockholders within 30 days of any such change. 37-523.1

CHANGE OF OFFICERS, DIRECTORS & STOCKHOLDERS FEES

- Change of Officers & Directors - \$100.00*
 Change of Stockholders - \$100.00*

**Provided, service organizations which are exempt under section 501(c)(8), (10) or (14) of the Internal Revenue Code shall be exempt from said fee*

1. ABE 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	

BUSINESS OWNERSHIP INFORMATION

8. Type of Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Tribal Corporation/Entity <input type="checkbox"/> Other _____
9. Name of Corporation
10. Federal Employer Identification Number

OWNER INFORMATION

11. Application Contact Person	
Application Contact Address	
Application Contact Phone Number	Application Contact E-Mail Address
12. Name of General Manager Onsite	General Manager Phone Number

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/NON PROFIT ORGANIZATION

Corporations must complete this section and provide the following items:

- Attach a letter listing the new officers, directors, stockholders and the removal of past officers, directors and stockholders.

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		% Membership or Units
<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		% Membership or Units
<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		% Membership or Units
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
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SSN or FEI #	Drivers License No./State		% Membership or Units
<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		% Membership or Units
<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		% Membership or Units

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:

- Attach a letter listing the new officers, directors, stockholders and the removal of past officers, directors and stockholders.

TRIBAL OWNERSHIP INFORMATION

<input type="checkbox"/> Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		% Membership or Units
<input type="checkbox"/> Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		% Membership or Units
<input type="checkbox"/> Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		% Membership or Units
<input type="checkbox"/> Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		% Membership or Units
<input type="checkbox"/> Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		% Membership or Units
<input type="checkbox"/> Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		% Membership or Units

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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.

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 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?

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)

Yes No

25b. If yes, explain

INDIVIDUAL QUESTIONNAIRE (continued)

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?

Yes 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?

Yes 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?

Yes No

28b. If yes, explain

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?

Yes 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?

Yes No

31. Are you an employee of the Oklahoma Tax Commission engaging in auditing, enforcing or collecting of alcoholic beverage taxes?

Yes 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

Title