



**ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION**

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

REQUEST FOR COMMON AREAS

Please complete and submit this request form and location diagram via email, 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. Carla.Clanton@able.ok.gov

COMMON AREAS REQUIRED ITEMS (NO FEE)

- Complete Pages 1, 2, 3, & 4.
- A new lease or deed **only** if common area includes a new address.
- A Certificate of Compliance from the city or county where the business is located stating all building codes for zoning, fire, safety, and health are in compliance **if required**.

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"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Tribe <input type="checkbox"/> Tribal Corporation/Entity <input type="checkbox"/> Other _____
9a. Name of Individual/Sole Proprietor (if owned by an individual)	9b. Social Security Number
10a. Name of Business Entity (if Partnership, Corp., LLC or Tribe)	10b. Federal Employer Identification Number

11. Application Contact Person

Application Contact Address

Application Contact Phone Number

Application E-Mail Address for Correspondence

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)

SIGNATURES REQUIRED FOR COMMON AREAS

Landlord/Property Owner and Other ABLE Licensees sign below:

I, _____, being duly sworn upon oath deposes and says that I am **the owner of the property and allow this property to be shared as common areas** for this request. That he/she has read and signed the same; knows the contents thereof and that all statements therein contained are true. Further certifies that the statements and representations made herein are true and correct and consent that if any statements and representations herein are found to be false or omitted, that the Director may refuse to grant this request or may cause such license to be revoked forthwith at any time.

Signature of Landlord/Property Owner

I, _____, being duly sworn upon oath deposes and says that I am **a current ABLE Licensee who leases from the same landlord and shares the common area property** for this request. That he/she has read and signed the same; knows the contents thereof and that all statements therein contained are true. Further certifies that the statements and representations made herein are true and correct and consent that if any statements and representations herein are found to be false or omitted, that the Director may refuse to grant this request or may cause such license to be revoked forthwith at any time.

Signature of Licensee

I, _____, being duly sworn upon oath deposes and says that I am **a current ABLE Licensee who leases from the same landlord and shares the common area property** for this request. That he/she has read and signed the same; knows the contents thereof and that all statements therein contained are true. Further certifies that the statements and representations made herein are true and correct and consent that if any statements and representations herein are found to be false or omitted, that the Director may refuse to grant this request or may cause such license to be revoked forthwith at any time.

Signature of Licensee

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Signature of Licensee

LOCATION DIAGRAM

Draw a diagram of the licensed premises on this page. The diagram should include the following: outside dimensions, rooms, doorways, bars and liquor storage areas. **DO NOT SUBMIT**. Keep the drawn diagram and have it ready to present to the Agent who contacts you regarding your Location Change.