



ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

50 NE 23rd Street
Oklahoma City, OK 73105
(405) 521-3484

COMPLIMENTARY BEVERAGE APPLICATION CHECKLIST

Before completing the application packet read the information below:

- The application will be reviewed and under investigation upon filing of application online.
- The license fee is due upon filing the application online. <https://aca-prod.accela.com/ABLE/Login.aspx>
- Contact the ABLE Commission office at (405) 521-3484 for questions or general visit our website at <https://oklahoma.gov/able-commission.html>

A **complimentary beverage license** shall authorize the holder thereof: To provide, free of charge for on premises consumption only, no more than two alcoholic beverages containing spirits, **twelve (12) ounces of wine, or twenty-four (24) ounces of beer per day**, to a guest or client who is **twenty-one (21) years of age or older**. This license shall not be issued to a business which possesses any other form of license issued by the ABLE Commission, except for event-type licenses. Complimentary beverage licenses shall only be issued to a business located in a building or structure that has a permanent physical address.

This license shall only be issued to businesses which involve retail sales or provide services to its clients including, but not limited to, furniture stores, art studios, nail salons, hair salons, cigar stores, clothing stores, bridal shops or business support services. A chamber of commerce, main street, economic development authority, vocational trade school, higher education college or similar organization promoting economic development or an organization that is exempt from taxation pursuant to the provisions of subsection (c) of Section 501 of the United States Internal Revenue Code shall also qualify for a complimentary beverage license. A business whose patronage is primarily persons under the age of eighteen (18), is a restaurant or a business that provides adult entertainment shall not qualify for a license. Upon issuance of the license, the business shall purchase all of its alcoholic beverages from a brewer, winemaker, retail spirit, retail beer, or retail wine licensee and will become a licensed premise subject to inspection by any ABLE Commission agent or any other peace officer, pursuant to Section 5-115 of Title 37A of the Oklahoma Statutes. Employees who serve the alcoholic beverage shall be twenty-one (21) years of age or older and shall not be required to obtain an employee license.

A **complimentary beverage** license shall not be used in lieu of a mixed beverage, caterer, brew pub, brewer, public event, special event, beer and wine, or charitable event license. This license is an annual license and renewable on an annual basis.

A chamber of commerce, main street, economic development authority, vocational trade school, higher education college or similar organization promoting economic development shall be exempt from the permanent location requirement and permitted to utilize the license at other locations within the city in which they are located or on their campus for member recruitment, education and development of new business functions.

The holder of an Oklahoma winery or brewers license may serve free samples and offer for sale sealed product for off premises consumption at temporary tastings on the premises of a complimentary beverage licensee.



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Please file the form online. <https://aca-prod.accela.com/ABLE/Login.aspx>

COMPLIMENTARY BEVERAGE LICENSE FEE

Complimentary Beverage License Fee \$100.00

1. Primary Business at this Location			
<input type="checkbox"/> Nail Salon	<input type="checkbox"/> Clothing Stores		
<input type="checkbox"/> Barber Shop	<input type="checkbox"/> Cigar Stores		
<input type="checkbox"/> Bridal Shop	<input type="checkbox"/> Trade School/Higher Education)		
<input type="checkbox"/> Furniture Store	<input type="checkbox"/> Other _____		
2. Name of Business			
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 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 #

OWNER ACKNOWLEDGEMENT

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.

Signature of Applicant & Date