EMAIL APPLICATION TO: TRADEPRACTICES@ABLE.OK.GOV. OFFICE USE ONLY

License Type	Effective Date
License Fee	Expiration Date
SMALL BREWER/SMALL FARM	I WINERY OFF SITE EVENT APPLICATION
Business Name:	
License Number:	
_	
Name of Contact Person:	
Telephone Number(s): Office	Mobile
Telephone Number for Evening/Weekend	1:
Email Address:	
Event Location: (check one) In Event Name or Type:	ndoor Outdoor Both
Building Name:	
Street Address:	
City/Town, State, Zip Code	
Is the event location within city limits?	Yes No
Event Date(s):	
Hours of Operation:	

This section must be completed by the person having custody of the property where the eve is to be held or his representative.	
This application has been submitted toand meets our approval.	
Authorized Signature	Date
This spation report has some plated by the Chief of	Dalias far in corrected sitios or by the County
This section must be completed by the Chief of Sheriff for unincorporated areas or their author	
This application has been submitted to	
This office recommends that this application be	GrantedDenied.
If recommendation is to deny, please indicate g	rounds for denial:
Authorized Signature	Date

Oklahoma Alcoholic Beverage Laws Enforcement Commission

DIAGRAM FOR OUTDOOR EVENTS

Applicant shall furnish a diagram of the event location (premises) if the event is being held as an outdoor venue. The Diagram should include the location of all points of dispensing alcoholic beverages and event boundaries. Additional information may be requested from the investigating Agent.

NO PERSONS UNDER 21 YEARS OF AGE

PERMITTED IN THIS AREA OF THESE PREMISES

ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION