



## ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

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

### SATELLITE TASTING ROOM LICENSE APPLICATION CHECKLIST

*Before completing the application packet read the information below:*

- The building location must be completely constructed or within 60 days of completion of construction in order to apply for a license.
- **Both the application pages and additional items required must all be completed and provided for filing or the application will not be accepted (only exception; the certificate of compliance can be provided prior to license issuance).**
- The application will be reviewed and under investigation upon filing of application.
- The license fee is due upon filing the application. We accept cash, credit card, business check, money order, or cashier's check for walk-in customers. Mail-in customers can submit the license fee by money order, cashier's check, or business check only.
- File the completed application in person or by mail at the ABLE Commission, 3812 N. Santa Fe Avenue, Suite 200, Oklahoma City, OK 73118, Monday thru Friday 7:30 am to 4:30 pm.
- Contact the ABLE Commission office at (405) 521-3484 or visit our website at [www.able.ok.gov](http://www.able.ok.gov) for questions or general information.
- **A satellite tasting room license shall authorize the holder of a small farm winery license or winemaker license to operate no more than two satellite locations in addition to his or her licensed premises for the purpose of providing tastings, samples and retail sales for on-premises or off-premises consumption to consumers over twenty-one (21) years of age; provided the wine tasted, sampled or sold shall have been produced/manufactured by the holder of a small farm winery or winemaker license and shall have all manufacturing taxes paid.**
- **The holder of a small farm winery license or winemaker license must obtain approval for each satellite location from the city, town or municipality before submitting the application to the ABLE Commission. The small farm winery licensee or winemaker licensee operating a satellite tasting room must keep such license in good standing and is liable for any violation committed on the premises of its satellite tasting rooms. Employees and managers of the satellite tasting room must be trained in alcohol handling, laws and regulations and hold a current alcohol server's license and must be over twenty-one (21) years of age.**

#### **Additional items an individual sole proprietor must provide:**

- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- 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 or are not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for each partner.

**ADDITIONAL ITEMS FOR CORPORATIONS, LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND TRIBES OR TRIBAL CORPORATIONS ARE LISTED UNDER THEIR RESPECTIVE SECTIONS IN THE FOLLOWING APPLICATION.**



**ALCOHOLIC BEVERAGE LAWS  
ENFORCEMENT COMMISSION**

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

**SATELLITE TASTING ROOM LICENSE APPLICATION**

Please complete the entire form. No licenses will be issued unless the ABE Commission is able to verify the information provided. The ABE Commission may request additional information not requested on this application. Additional information may be required prior to the issuance of any license.

**SATELLITE TASTING ROOM LICENSE AND FEE**

Satellite Tasting Room - \$100.00

1. Winemaker License Number _____  Small Farm Winery 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	
9. 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	

## OWNER INFORMATION

11. Was Premises Previously Licensed by the Commission

Yes

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. Where did your funding for this business originate? *Check and list all that apply.*

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)

## CORPORATION

**Corporations must complete this section and provide the following items:**

- A Certificate of Good Standing from the Oklahoma Secretary of State. Contact (405) 521-4211
- A Certificate of Incorporation from the Secretary of State.
- A copy of Minutes Electing Corporate Officers, Directors, Stockholders, and applying for a license with ABLE.
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- 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 or not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for the Corporation.
- *Only Stockholders owning 15% or more are required to be reported for Corporations.*

<b>1. Federal Employer Identification Number</b>		
<b>2. Business Entity Name</b>		
<b>3. No. of Shares Authorized to Issue</b>	<b>No. of Shares Issued</b>	<b>No. of Shares Unissued</b>
<b>4. Service Agent</b>	<b>Service Agent Address</b>	

### 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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares

## CORPORATE OWNERSHIP INFORMATION (continued)

<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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares
<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	Birthdate (mm/dd/yyyy)	No. of Shares

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

## LIMITED LIABILITY COMPANY

**Limited Liability Companies must complete this section and provide the following items:**

- A Certificate of Good Standing from the Oklahoma Secretary of State. Contact (405) 521-4211
- A copy of the Articles of Organization filed with the Secretary of State.
- A copy of LLC Operating Agreement including the schedule or attachment showing membership interest.
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- 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 or not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for the LLC.

<b>1. Federal Employer Identification Number</b>	
<b>2. Business Entity Name</b>	
<b>3. No. of Memberships or Units Issued</b>	<b>4. Member Managed or Manager Managed</b> <input type="checkbox"/> Member Managed <input type="checkbox"/> Manager Managed
<b>5. Resident Agent Name</b>	
Resident Agent Address	

### LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units

## LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION (continued)

<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

## 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 Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- 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 or not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for each partner.

<b>1. Federal Employer Identification Number</b>	
<b>2. Business Entity Name</b>	
<b>3. Service Agent</b>	<b>Service Agent Address</b>

### PARTNERSHIP INFORMATION

<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEIN #</b>	<b>Drivers License No./State</b>	<b>Birthdate (mm/dd/yyyy)</b>	<b>% of Interest</b>
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEI #</b>	<b>Drivers License No./State</b>	<b>Birthdate (mm/dd/yyyy)</b>	<b>% of Interest</b>
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEI #</b>	<b>Drivers License No./State</b>	<b>Birthdate (mm/dd/yyyy)</b>	<b>% of Interest</b>
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEI #</b>	<b>Drivers License No./State</b>	<b>Birthdate (mm/dd/yyyy)</b>	<b>% of Interest</b>



## PARTNERSHIP INFORMATION (continued)

<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
<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
<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

**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:**

- You must submit a copy of any executed Management Agreements.
- You must submit a copy of the trust document or deed for the property.
- You must submit a letter from the tribe stating whether or not they require building code inspections or stating the location meets zoning, fire, safety, and health codes.
- You must submit a letter from the tribe stating all real and personal property taxes have been paid or their tax status is tax-exempt.
- You must submit a letter from the Intertribal Commission approving the tribal gaming compact.
- You must submit a copy of a signed and completed Tribal Gaming Compact.
- You must submit a copy of the tribal rules, regulations, laws, or ordinances related to alcoholic beverages.

<b>1. Federal Employer Identification Number</b>	
<b>2. Name of Tribe or Tribal Entity</b>	
<b>3. Service Agent</b>	<b>Service Agent Address</b>

### TRIBE/TRIBAL OWNERSHIP INFORMATION

c Tribal Committee Officer			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEI #</b>	<b>Drivers License No./State</b>		<b>Birthdate (mm/dd/yyyy)</b>
c Tribal Committee Officer			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEI #</b>	<b>Drivers License No./State</b>		<b>Birthdate (mm/dd/yyyy)</b>
c Tribal Committee Officer			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEI #</b>	<b>Drivers License No./State</b>		<b>Birthdate (mm/dd/yyyy)</b>
c Tribal Committee Officer			
<b>First Name or Entity Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>SSN or FEI #</b>	<b>Drivers License No./State</b>		<b>Birthdate (mm/dd/yyyy)</b>

## TRIBE/TRIBAL OWNERSHIP INFORMATION (continued)

c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)

**IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE**

# 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.

<b>1. DBA Name of Location</b>
<b>2. Location Address</b>

## APPLICANT

<b>1. First Name</b>	<b>2. MI</b>	<b>3. Last Name</b>	<b>4. Birthdate (mm/dd/yyyy)</b>	
<b>5. Social Security Number</b>	<b>6. Drivers License No. / State</b>	<b>7. Place of Birth (City, State, Country)</b>		
<b>8. Sex</b>	<b>9. Height</b>	<b>10. Weight</b>	<b>11. Hair Color</b>	<b>12. Eye Color</b>
<b>13. Home Phone</b>			<b>14. Business Phone</b>	
<b>15. Email Address</b>				

## 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

<b>17a. Are you a U.S. Citizen?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>17b. If "Yes", answer the following</b> <input type="radio"/> Native Born <input type="radio"/> Naturalized
<b>17c. If "Naturalized" provide the "A" number?</b>	<b>17d. If "NO" what is your legal status in the U.S.?</b>
<b>17e. Provide all documents such as Visa, Resident Alien or Employment Authorization Documents</b>	

## CURRENT EMPLOYMENT

<b>18a. Name of Employer</b>	<b>Employer's Address</b>	
<b>Title</b>	<b>From (mm/yyyy)</b>	<b>To (mm/yyyy)</b>

## 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?**

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## 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)**  
 Yes                       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?**  
 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(s)

\_\_\_\_\_  
Title

## 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.

# NOTICE OF INTENTION TO APPLY FOR AN ALCOHOLIC BEVERAGE LICENSE

1. Complete in detail
2. Copy to newspaper for publication
3. Said notice shall be published in not less than 2 column inches in a legal newspaper of general circulation in the county in which licensed premises are to be located.
4. The notice will be twice published, once every eight (8) days for two (2) successive weeks.
5. Submit original with application.

In accordance with Title 37, Section 522 and Title 37A, Section 2-141

\_\_\_\_\_ name and address of individual, partners, limited partnership, corporation, limited liability company, tribe or tribal corporation  
a/an \_\_\_\_\_ hereby publishes  
individual, partnership, limited partnership, corporation, limited liability company, tribe or tribal corporation  
notice of \_\_\_\_\_ intention to apply within sixty days from this date to the Oklahoma Alcoholic  
his, her, its, their  
Beverage Laws Enforcement Commission for a \_\_\_\_\_  
Satellite Tasting Room  
License under authority of and in compliance with the said Act: That \_\_\_\_\_ intend(s), if granted  
he, she, it, they  
such license to operate as a \_\_\_\_\_ establishment  
Satellite Tasting Room  
with business premises located at \_\_\_\_\_  
in \_\_\_\_\_, \_\_\_\_\_, Oklahoma under the business name of  
city county

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of applicant(s): if partnership, all partners must sign. If corporation, an officer of the corporation must sign. If limited liability company, a manager must sign. If tribe, a tribal member must sign.

\_\_\_\_\_  
\_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_

Before me, the undersigned notary public, personally appeared:

\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing application and  
acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.  
he, she, they his, her, their

\_\_\_\_\_  
Notary Public My commission expires



## PROOF OF PUBLICATION

1. Attach a copy of each run of the publication.
2. Submit original completed proof of publication with application.
3. You may submit the publisher's affidavit form in place of the above affidavit.

I, do hereby declare, under penalty of perjury, that \_\_\_\_\_  
Name of legal newspaperdid cause to be published in a legal newspaper of general circulation in the county of \_\_\_\_\_ located in the city of \_\_\_\_\_, Oklahoma by causing the same to be published on the \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_\_ and on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, a notice of intention to apply for an ABLE Commission License, and that a true copy of said notice is attached and made a part hereof.

\_\_\_\_\_  
Legal representative of the newspaper

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires