DUE ON THE 1st DAY OF EACH MONTH

Must be Completed by all CATERER, WINERY, BREWERY & CATERER/MIXED BEVERAGE LICENSEES.

SCHEDULE OF EVENTS

MONTH: _____ Contact: _____

DBA Name: _____ Phone: _____

License No.: _____ Email: _____

EMAIL YOUR EVENT SCHEDULE TO THE OKLAHOMA ABLE COMMISSION AT **tradepractices@able.ok.gov** BEFORE THE 1st DAY OF EACH MONTH.

DATE(S)	TIME	EVENT HOLDER OR EVENT NAME	EVENT ADDRESS	CITY