WINE & SPIRITS WHOLESALER 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 for questions or general information.

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 in the individual's name.

• 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.
WINE & SPIRITS WHOLESALER APPLICATION

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

WINE & SPIRITS WHOLESALER LICENSE AND FEES

- Wine & Spirits Wholesaler - $5500.00

1. Primary Business at this Location
   - Distributor of Wine and Spirits

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

BUSINESS OWNERSHIP INFORMATION

8. Type of Owner
   - Individual
   - Partnership
   - Other ______________________

9a. Name of Individual/Sole Proprietor (if owned by an individual)
9b. Social Security Number

10a. Name of Partners (if Partnership)
10b. Social Security Numbers
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 Contact E-Mail Address

13. Name of General Manager Onsite | General Manager Phone Number

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

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<thead>
<tr>
<th>INVESTMENT TYPE</th>
<th>AMOUNT</th>
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<th>AMOUNT</th>
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<tbody>
<tr>
<td>Ongoing Business Funds</td>
<td>$</td>
<td>Cash/Personal Funds</td>
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<td>Promissory Note</td>
<td>$</td>
<td>Services</td>
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<td>Loan</td>
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<td>Equipment</td>
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<td>Gift</td>
<td>$</td>
<td>Operating Capital</td>
<td>$</td>
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<tr>
<td>Other</td>
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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)
**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 in the name of the Partnership.
- 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.

1. Federal Employer Identification Number

2. Business Entity Name

3. Service Agent
   - Service Agent Address

### PARTNERSHIP INFORMATION

- **General Partner**
  - First Name or Entity Name  
  - MI  
  - Last Name  
  - SSN or FEIN #  
  - Drivers License No./State  
  - Birthdate (mm/dd/yyyy)  
  - % of Interest

- **Limited Partner**
  - First Name or Entity Name  
  - MI  
  - Last Name  
  - Title

- **General Partner**
  - First Name or Entity Name  
  - MI  
  - Last Name  
  - SSN or FEIN #  
  - Drivers License No./State  
  - Birthdate (mm/dd/yyyy)  
  - % of Interest

- **Limited Partner**
  - First Name or Entity Name  
  - MI  
  - Last Name  
  - Title

- **General Partner**
  - First Name or Entity Name  
  - MI  
  - Last Name  
  - SSN or FEIN #  
  - Drivers License No./State  
  - Birthdate (mm/dd/yyyy)  
  - % of Interest

- **Limited Partner**
  - First Name or Entity Name  
  - MI  
  - Last Name  
  - Title
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<th>General Partner</th>
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<td>First Name or Entity Name</td>
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<td>SSN or FEI #</td>
<td>Drivers License No./State</td>
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<td>SSN or FEI #</td>
<td>Drivers License No./State</td>
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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.

<table>
<thead>
<tr>
<th>1. DBA Name of Location</th>
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<th>2. Location Address</th>
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<tr>
<th><strong>APPLICANT</strong></th>
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<tr>
<td>1. First Name</td>
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<tr>
<th>5. Social Security Number</th>
<th>6. Drivers License No. / State</th>
<th>7. Place of Birth (City, State, Country)</th>
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<th>13. Home Phone</th>
<th>14. Business Phone</th>
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<th>15. Email Address</th>
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**RESIDENT STATUS**

16. Are you a U.S. Citizen?
   - Yes
   - No

17a. If “Yes”, answer the following
   - Native Born
   - Naturalized

17b. If “Naturalized” provide the “A” number?

17c. If “NO” what is your legal status in the U.S.?

17d. Provide all documents such as Visa, Resident Alien or Employment Authorization Documents

<p>| |</p>
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</table>
### CURRENT EMPLOYMENT

<table>
<thead>
<tr>
<th>18a. Name of Employer</th>
<th>Employer’s Address</th>
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<tbody>
<tr>
<td>Title</td>
<td>From (mm/yyyy)</td>
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### 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

<table>
<thead>
<tr>
<th>OFFENSE</th>
<th>DATE</th>
<th>CITY/COUNTY STATE</th>
<th>DISPOSITION (fine, probation, incarceration)</th>
</tr>
</thead>
</table>

20. Are you presently or have you been licensed or employed in the liquor business?
- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>LICENSE TYPE</th>
<th>LICENSE NUMBER</th>
<th>WHEN</th>
<th>LOCATION</th>
</tr>
</thead>
</table>

21. Have you ever received a warning, a notice of violation, suspension, fine or revocation as a licensee?
- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>WHEN</th>
<th>LOCATION</th>
</tr>
</thead>
</table>

22. Have you ever been refused a license to sell, serve or dispense alcoholic beverages?
- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>WHEN</th>
<th>LOCATION</th>
</tr>
</thead>
</table>

23. Have you ever held or do you hold any financial interest in any liquor enterprise (manufacturing, importing, wholesale or retail)?
- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>WHEN</th>
<th>LOCATION</th>
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</thead>
</table>

24a. Is your spouse or any family member(s) working in any area of the liquor industry?
- [ ] Yes
- [ ] No

24b. If yes, for whom?
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

ABLE Form

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Revised 10/17
LOCATION DIAGRAM

Draw or attach a diagram of the licensed premises. The current diagram should include the following: outside dimensions, rooms, doorways, bars and liquor storage areas. **Have the diagram ready to present to ABLE Agent for Inspection ONLY.**
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 the individual or partners of the partnership

a/an ____________________________________________ hereby publishes

individual or partnership

notice of __________________ intention to apply within sixty days from this date to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a ____________________

Wine & Spirits Wholesaler

License under authority of and in compliance with the said Act: That ______ intend(s), if granted

such license to operate as a ____________________ establishment

Wine & Spirits Wholesaler

with business premises located at __________________________

in _______________, ________________, Oklahoma under the business name of ________________________________

Dated this ___________________ day of __________________________, 20__

Signature of individual applicant(s): if partnership, all partners 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.

__________________________

__________________________

Notary Public

My commission expires

ABLE Form

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Revised 10/17
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 newspaper
did 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