

User Name or E-mail:

Password:

☐ Remember me on this computer

[I've forgotten my password](#)

[New Users: Register for an Account](#)

Click on New User

Welcome to the new Citizen Portal

We are pleased to offer our citizens, businesses, and visitors access to government services online, 24 hours a day, 7 days a week.

In partnership with [Accela, Inc.](#), we are fulfilling our promise to deliver powerful e-government services and provide valuable information about the community while making your interactions with us more efficient, convenient, and interactive. To use ALL the services we provide you must register and create a user account. You can view information, get questions answered and have limited services as an anonymous user. We trust this will provide you with a new, higher level of service that makes living and working in our community a more enjoyable experience.

What would you like to do today?

Note: All Change Requests are done through Amendments.

To get started, select one of the services listed below:

Account Registration

You will be asked to provide the following information to open an account:

- Choose a user name and password
- Personal and Contact Information
- License Numbers if you are registering as a licensed professional (optional)

Please review and accept the terms below to proceed.

General Disclaimer

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Communications made through email and messaging systems shall in no way be deemed to constitute legal notice to the Agency or any of its agencies, officers, employees, agents, or representatives, with respect to any existing or potential claim or cause of action against the Agency or any of its agencies, officers, employees, agents, or representatives, where notice to the Agency is required by federal, state or local laws, rules, or regulations.

☒ I agree to the

[Continue Registration »](#)

[Click here to continue](#)

Read
General
Disclaimer

Click here to agree

Account Registration Step 2: Enter/Confirm Your Account Information

* indicates a required field.

Login Information

* User Name:

* E-mail Address:

* Password:

* Type Password Again:

* Enter Security Question:

* Answer:

* Mobile Phone:

Complete all
fields with an
Asterisk

Contact Information

Choose how to fill in your contact information.

Add New

Click Add New

Continue Registration »

Click here to ontinue Registration

Select Contact Type

* Type:

Click on dropdown arrow

Continue

Discard Changes

Select Contact Type

* Type:

Select Individual

Continue

Discard Changes

Click Continue

Account Registration Step 2: Enter/Confirm Your Account Information

* indicates a required field.

Login Information

* User Name:

* E-mail Address:

* Password:

* Type Password Again:

* Enter Security Question:

* Answer:

* Mobile Phone:

Complete all
fields with an
Asterisk

Contact Information

Choose how to fill in your contact information.

Add New

Click here. Then click Continue Registration

Continue Registration »

Click her to continue

Select Contact Type

x

* Type:

Select Individual, then click continue

Continue

Discard Changes

Contact Information

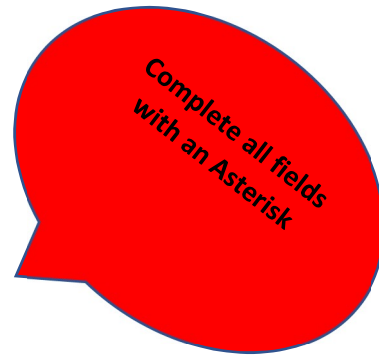
* First: Middle: * Last:

Home Phone: Mobile Phone: Work Phone:

* E-mail:

Business Entity:

FEIN:



▼ Contact Addresses

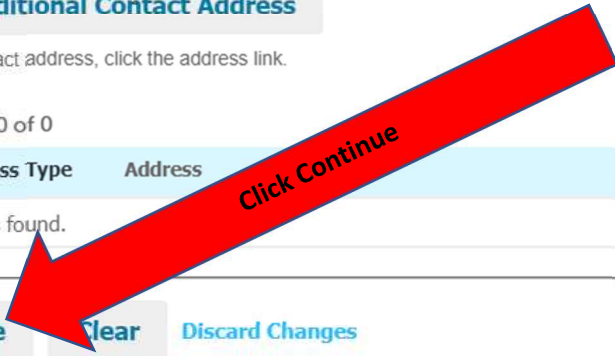
Add Additional Contact Address

To edit a contact address, click the address link.

Showing 0-0 of 0

Address Type	Address	Sta
No records found.		

Continue **Clear** [Discard Changes](#)



Account Registration Step 2: Enter/Confirm Your Account Information

* indicates a required field.

Login Information

* User Name:	Jimbo	* E-mail Address:	starnight@yahoo.com
* Password:	*****	* Type Password Again:	*****
* Enter Security Question:	first car	* Answer:	truck
* Mobile Phone:	405 249-8008		

Once you complete your login
information and contact info,
you will see this page

Contact Information

Choose how to fill in your contact information.

✔ Contact added successfully.

Jimbo Ray Smith
starnight@yahoo.com
Mobile Phone: 405 349-8008

[Edit](#) [Remove](#)

▶ Contact Addresses

Add Additional Contact Address

To edit a contact address, click the address link.

Showing 0-0 of 0

Address Type	Address	Status	Action
No records found.			

[Continue Registration »](#)

Click Continue Registration



Your account is successfully registered.

Congratulations. You have successfully registered an account.

Account Information

User Name: Jimbo
E-mail: starnight@yahoo.com
Password: *****
Security Question: first car
Mobile Phone: 405 249-8008

Contact Information

Jimbo Ray Smith
starnight@yahoo.com
Home Phone:
Work Phone:
Mobile Phone: 405 349-8008

Contact Address List

▼ Contact Addresses

Showing 0-0 of 0

Address Type	Address	Status	Action
No records found.			

[Login Now](#)

Click Login Now

User Name or E-mail:

Password:

[Login »](#)

☐ Remember me on this computer

[I've forgotten my password](#)

[New Users: Register for an account](#)

Please Login

Many online services offered by the Agency require login for security reasons. If you are an existing user, please enter your user name and password in the box on the right.

New Users

If you are a new user you may [register](#) for a free Citizen Access account. It only takes a few simple steps and you'll have the added benefits of seeing a complete history of applications, access to invoices and receipts, checking on the status of pending activities, and more.

[Register Now »](#)

Home

ABLE

Click on ABLE

Dashboard

My Records

My Account

Advanced Search ▼

Welcome Jimbo Smith

You are now logged in.

What would you like to do today?

To get started, select one of the services listed below:

ABLE

[Apply for a License](#)

[Submit a Complaint](#)

[Search Applications](#)

Cart (0)

Your cart is empty.

Home

ABLE

[Apply for a License](#)
[Submit a Complaint](#)

[Search Applications](#)

Online Application

Welcome to Agency's Online Permitting System. Using this system you can submit and update information, pay fees, schedule inspections, track the status of your application, and print your final record all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

General Disclaimer

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Read
Disclaimer

☐ I have read and accepted the above terms.

Click that you have read and accepted

[Continue »](#)

Click Continue

[Apply for a License](#)
[Submit a Complaint](#)[Search Applications](#)

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

[Search](#)

- ▶ Enforcement Complaint
- ▶ Individual Licenses
- ▶ Bingo Licenses (Must be a non-profit organization)
- ▶ Event Licenses
- ▶ Business Selling Beer & Wine Only On Premise
- ▶ Business Selling Mixed Drinks On Premise
- ▶ Catering food & Alcohol for events, weddings
- ▶ Complimentary License
- ▶ Distributors
- ▶ Manufacturers & Importers
- ▶ Retail Convenience Store or Grocery Store
- ▶ Liquor Store
- ▶ Shipping & Transportation
- ▶ Possession of Alcohol By A Non-Licensed Party
- ▶ Warehouse & Storage

Click Individual Licenses[Continue »](#)**Click Continue**[Apply for a License](#)
[Submit a Complaint](#)[Search Applications](#)

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

[Search](#)

- ▶ Enforcement Complaint
- ▼ Individual Licenses
 - ☐ Alcohol Beverage Agent Application
 - ☐ Alcohol Beverage Employee Application
 - ☐ Charity Games Employee Application
 - ☐ Charity Games Manager Application
 - ☐ Cider Wine Beer Permit Application
 - ☐ Manufacturing Agent Application
- ▶ Bingo Licenses (Must be a non-profit organization)
- ▶ Event Licenses
- ▶ Business Selling Beer & Wine Only On Premise
- ▶ Business Selling Mixed Drinks On Premise
- ▶ Catering food & Alcohol for events, weddings
- ▶ Complimentary License
- ▶ Distributors
- ▶ Manufacturers & Importers
- ▶ Retail Convenience Store or Grocery Store
- ▶ Liquor Store
- ▶ Shipping & Transportation
- ▶ Possession of Alcohol By A Non-Licensed Party
- ▶ Warehouse & Storage

Click Alcohol Beverage Employee Application[Continue »](#)**Click Continue**

Alcohol Beverage Employee Application

1 Step 1	2 Step 2	3 Step 3	4 Review	5 Pay Fees
----------	----------	----------	----------	------------

Step 1: Step 1 > Applicant

If you work for a restaurant or bar as a waiter, waitress, server, bartender, or manager, this is the license to apply for.

If you work for a grocery store, convenience store, or liquor store as a cashier, stocker of alcohol, or manager, this is the license to apply for.

You are required to complete one of the ABLE approved employee alcohol training courses within 14 calendar days of applying for this license. The approved training courses are located on the ABLE website under the link [Employee Training Information](#). Once you have completed the training, upload your training certificate to your ACA online account as an attachment. *Failure to complete the employee alcohol training course can result in a citation from ABLE.

* indicates a required field.

Individual

Please enter your Applicant information.

Click "Contact Information" to populate your information from the Account information you created.

Click "New" to create a new Applicant other than yourself.

Click Contact Information

Contact InformationAdd New

Employer

Please enter your Employer information if applicable.

Click "New" to add Employer Information.

Contact InformationAdd New

Continue »

Save and resume later

You must complete training within two weeks of applying.

Contact Information

Work Phone:

Mobile Phone:

405 349-8008

* E-mail:

starnight@yahoo.com

* SSN:

* Birth Date:

MM/DD/YYYY

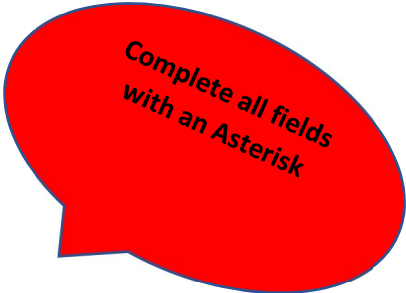
Gender:

☐ Female ☐ Male

Driver's License State:

--Select--

Driver's License Number:



▼ Contact Addresses

Add Contact Address

To edit a contact address, click the address link.

Showing 0-0 of 0

Address Type	Recipient	Address
No records found.		

Continue

Discard Changes



1 Step 1	2 Step 2	3 Step 3	4 Review	5 Pay Fees	6
----------	----------	----------	----------	------------	---

Step 1: Step 1 > Applicant

If you work for a restaurant or bar as a waiter, waitress, server, bartender, or manager, this is the license to apply for.

If you work for a grocery store, convenience store, or liquor store as a cashier, stocker of alcohol, or manager, this is the license to apply for.

You are required to complete one of the ABE approved employee alcohol training courses within 14 calendar days of applying for this license. The approved training courses are located on the ABE website under the link [Employee Training Information](#). Once you have completed the training, upload your training certificate to your ACA online account as an attachment. *Failure to complete the employee alcohol training course can result in a citation from ABE.

* Indicates a required field.

Individual

Please enter your Applicant information.

Click "Contact Information" to populate your information from the Account Information you created.
Click "New" to create a new Applicant other than yourself.

✔ Contact added successfully.

Jimbo Smith
starnight@yahoo.com
Home phone:
Mobile Phone: 405 349-8008
Work Phone:
[Edit](#) [Remove](#)

▼ Contact Addresses

Add Contact Address

To edit a contact address, click the address link.

Showing 0-0 of 0

Address Type	Recipient	Address	Phone
No records found.			

Employer

Please enter your Employer information if applicable.

Click "New" to add Employer Information.

Contact Information

Add New

Continue »

Click Continue

Save and Resume Later

Home

ABLE

Apply for a License
Submit a Complaint

Search Applications

Alcohol Beverage Employee Application

1 Step 1	2 Step 2	3 Step 3	4 Review	5 Pay Fees	6
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Step 2: Step 2 > General Information

* indicates a required field.

Custom Fields

BACKGROUND INFORMATION

ANSWER EACH OF THE FOLLOWING QUESTION. EACH YES ANSWER REQUIRES AN EXPLANATION.

* Have you been convicted of a felony classified as a violent crime? ☐ Yes ☐ No

* Have you ever been convicted of or pled guilty or nolo contendere to a misdemeanor related to gambling or gaming? ☐ Yes ☐ No

EMPLOYEE INFORMATION

Are you Employed as:

* a) A judge, district attorney, or public official who sits in a judicial capacity with jurisdiction over the Oklahoma Alcoholic Beverage Control Act? ☐ Yes ☐ No

* b) A peace officer engaging in law enforcement activities? ☐ Yes ☐ No

* c) a Tax Commission employee engaging in auditing, enforcing, or collecting of alcoholic beverages taxes? ☐ Yes ☐ No

CITIZENSHIP INFORMATION

* Are you a United States Citizen? ☐ Yes ☐ No

Complete all fields with an Asterisk. All questions must be answered.

Continue »

Click Continue

Save and resume later

Apply for a License

Submit a Complaint

Search Applications

Alcohol Beverage Employee Application

1 Step 1	2 Step 2	3 Step 3	4 Review	5 Pay Fees	6
----------	----------	----------	----------	------------	---

Step 3: Step 3 > Supporting Documentation

* indicates a required field.

Attachment

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh
are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Add

Continue »

Click Continue

If you are not a US citizen, you are required to upload a permanent resident card at this point

Apply for a License
Submit a Complaint

Search Applications

Alcohol Beverage Employee Application

1	2 Step 2	3 Step 3	4 Review	5 Pay Fees	6 Record Issuance
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Step 4: Review

Continue »

Save and resume later

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

License Type

Alcohol Beverage Employee Application

Individual Edit

Jimbo Ray Smith
Birth Date: 04/23/1975
***-**-6789

Mobile Phone: 405 349-8008
E-mail: starnight@yahoo.com

Employer Edit

Custom Fields

BACKGROUND INFORMATION Edit

Have you been convicted of a felony classified as a violent crime?: No

Have you ever been convicted of or pled guilty or nolo contendere to No a misdemeanor related to gambling or gaming?:

EMPLOYEE INFORMATION Edit

a) A judge, district attorney, or public official who sits in a judicial capacity with jurisdiction over the Oklahoma Alcoholic Beverage Control Act?: No

b) A peace officer engaging in law enforcement activities?: No

c) a Tax Commission employee engaging in auditing, enforcing, or collecting of alcoholic beverages taxes?: No

CITIZENSHIP INFORMATION Edit

Are you a United States Citizen?: Yes

Attachment Edit

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cp1;exe;hta;htm;html;ins;isp;jar;jse;jvb;link;mde;mht;mhtml;msc;msp;mat;php;pit;scr;sc1;shb;sys;vb;vbe;vbs;vxd;wac;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Review all the answers to the questions you answered and if something is not accurate you are able to edit any question at this time

Continue »

Click Continue

Save and resume later

[Apply for a License](#)
[Submit a Complaint](#)[Search Applications](#)

Alcohol Beverage Employee Application

1 2 Step 2 3 Step 3 4 Review 5 Pay Fees 6 Record Issuance

Step 5: Pay Fees

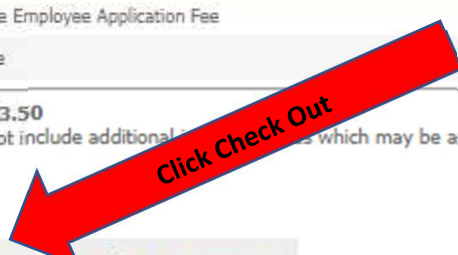
Listed below are preliminary fees based upon the information you've entered. Some fees are based on the quantity of work items installed or repaired. Enter quantities where applicable. The following screen will display your total fees.

Application Fees

Fees	Qty.	Amount
Alcohol Beverage Employee Application Fee	1	\$30.00
Convenience Fee	1	\$3.50

TOTAL FEES: \$33.50

Note: This does not include additional fees which may be assessed later.

[Check Out »](#)[Defer Payment »](#)Click Check Out[Dashboard](#)[My Records](#)[My Account](#)[Advanced Search ▾](#)

Cart

1 Select item to pay

2 Payment
information3 Receipt/Record
issuance

Step 1: Select item to pay

Click on the arrow in front of a row to display additional information. Items can be saved for a future checkout by clicking on the Save for later link.

PAY NOW

No Address

1 Application(s) | \$33.50

▶ Alcohol Beverage Employee Application
22TMP-000159

Total due: \$33.50

Total amount to be paid: \$33.50

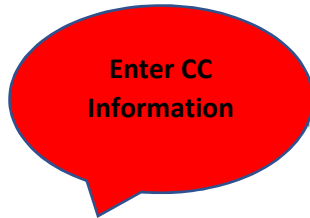
Note: This does not include additional inspection fees which may be assessed later.

[Checkout »](#)[Edit Cart »](#)[Continue Shopping »](#)Click Checkout

Order Summary

PO Number 8922

\$ 33.50



Card Number *

Exp. Date *

Card Code

Billing Address

First Name

Jimbo

Last Name

Smith

Billing Country

USA ▼

Zip

Street Address

City

State

Phone Number

Email

cloudysky@yahoo.com

Submit Payment

Cancel

Click Submit Payment

OKLAHOMA ABLE

Fri Jan 28 2022 10:58:41 AM

Click on Click to Complete

Click to Complete

Thank you for your payment.

\$ 33.50

[Hide Details](#)

Total \$ 33.50

Paid By Visa XXXX0027

PO Number: 8902

Authorization Code: 56BAIC

Transaction ID: 40081053820

Order Summary

PO Number	8902	Total	\$ 33.50
-----------	------	-------	----------

 Card Number *	Exp. Date *	Card Code
--	-------------	-----------

Billing Address

First Name

Jimbo

Last Name

Smith

Billing Country

USA ▼

Zip

Street Address

City

State

Phone Number

Email

starnight@yahoo.com

Click Submit Payment

Submit Payment

Cancel

Print a copy of
your payment
receipt and give
to your employer

Step 3: Receipt/Record issuance

Receipt



Your application/complaint has been successfully submitted.
Please print your record(s) and retain a copy for your records.

[Print/View Receipt](#)

Click to print your receipt

No Address

EMPA-22-
000009

[View Receipt](#)

[Copy Record](#)

[Print/View Receipt](#)



STATE OF OKLAHOMA
OKLAHOMA ABLE COMMISSION
50 NE 23RD STREET OKLAHOMA CITY, OK 73105.

RECEIPT

Payment Date: January 28, 2022

Application: EMPA-22-000009
Application Type: Alcohol Beverage Employee Application
Address:
Owner Name:
Owner Address:
Application Name:

Invoice Details

Fee Description	Amount	Fee Date	Invoice
Alcohol Beverage Employee Application Fee	\$30.00	01/28/2022	1840594
Convenience Fee	\$3.50	01/28/2022	1840594

Payment Details

Date Paid: 01/28/2022 11:00:30

Ref Number: 8902

Amount Paid: \$33.50

Receipt Number: 2401047

Work Description:

This is what your receipt will look like. Give the receipt to your employer. Once you receive the email with your license, print it out or forward that email to your employer.