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.

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I agree to the

Continue Registration »
Account Registration Step 2: Enter/Confirm Your Account Information

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 continue Registration

Select Contact Type

* Type:

Click on dropdown arrow

Continue Discard Changes

Individual

Select Individual

Continue Discard Changes

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

Click Continue Registration.
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  
Home Phone: 
Work Phone: 
Mobile Phone: 405 349-8008

Contact Address List

Showing 0-0 of 0

<table>
<thead>
<tr>
<th>Address Type</th>
<th>Address</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No records found.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Login Now

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 ➤
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

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.

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☐ I have read and accepted the above terms

Continue »
Click Individual Licenses

Click Continue

Click Alcohol Beverage Employee Application

Click Continue
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

Add New

Employer

Please enter your Employer information if applicable.
Click "New" to add Employer Information.

Contact Information
Add New

Continue »
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

<table>
<thead>
<tr>
<th>Address Type</th>
<th>Recipient</th>
<th>Address</th>
</tr>
</thead>
</table>

No records found.

Continue  Discard Changes

Click Continue
**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.

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* 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**

Contact Information:

Home Phone:

Mobile Phone:

Work Phone:

Edit, Remove

Contact Addresses

**Add Contact Address**

To add a contact address, click the address link.

Showing 0-0 of 0

<table>
<thead>
<tr>
<th>Address Type</th>
<th>Recipient</th>
<th>Address</th>
<th>Phone</th>
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</table>

No records found.

---

**Employer**

Please enter your Employer information if applicable.

Click "New" to add Employer Information.

---

[Click Continue]
Step 2: Step 2 > General Information

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

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

Click Continue
### Alcohol Beverage Employee Application

#### 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

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<thead>
<tr>
<th>Fees</th>
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<tr>
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<td>$30.00</td>
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<tr>
<td>Convenience Fee</td>
<td>1</td>
<td>$3.50</td>
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</table>

**TOTAL FEES: $33.50**

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

[Click Check Out](#)
Order Summary

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<thead>
<tr>
<th>PO Number</th>
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<tbody>
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<table>
<thead>
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<th>Card Number *</th>
<th>Exp. Date *</th>
<th>Card Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Billing Address

First Name: Jimbo

Last Name: Smith

Billing Country: USA

Zip

City

State

Phone Number

Email: cloudysky@yahoo.com

---

Submit Payment  Cancel

Click Submit Payment
Thank you for your payment.

$ 33.50

Total

$ 33.50

Paid By Visa XXXX0027
Authorization Code: 56BAIC
Transaction ID: 40081053820

PO Number: 8902

Order Summary

PO Number 8902

Card Number *
Exp. Date *
Card Code

Billing Address

First Name
Jimbo

Billing Country
USA

Last Name
Smith

Street Address

City

State

Zip

Phone Number

Email
starnight@yahoo.com

Submit Payment

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