

## **Airline/Commercial Passenger Vessel License**

**Type of Businesses applying for this license:** An airline or commercial passenger vessel.

An airline/commercial passenger vessel license allows the holder to sell or serve alcoholic beverages in or from any size container on a commercial passenger airplane or vessel operated in compliance with a valid license, permit or certificate issued under the authority of the United States or this state or its instrumentality, even though the airplane or vessel in the course of its travel, may cross an area in which the sale of alcoholic beverages by the individual drink is not authorized. To store alcoholic beverages in sealed containers of any size at any airport, facility or station regularly served by the licensee, in accordance with rules promulgated by the ABLE Commission.

### **Cost**

License fee: \$1005.00

Total fee due \$1005.00

**\*Payment must be made online by credit or debit card only and is due at the time of filing this application online.**

**Type of Ownership/Applicant can be:** Individual, General Partnership, Limited Partnership, Limited Liability Company, Corporation, Tribe, Tribal Corporation/Entity.

### **Required Documents:**

- Individual History Forms completed by all applicants.

**\*Required Documents for Uploading to the Online Portal Based on Type of Applicant**

**Limited Liability Companies must provide the following items:**

\*Individual History Forms completed by all LLC managers/LLC members.

- 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.

\*If the **Applicant LLC** has an LLC Manager or LLC Member that is a business entity such as an LLC, corporation, or partnership, please upload the same required documents for that LLC Manager/Member.

**Corporations must provide the following items:**

\*Individual History Forms completed by all corporate officers, directors and stockholders owning 15% or more stock.

- Proof of publication.
- 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.

**Individual sole proprietor must provide the following items:**

\*Individual History Forms completed by the individual sole proprietor.

**Partnerships, Limited Partnerships or General Partnerships must provide the following items:**

\*Individual History Forms completed by each partner.

- A copy of the Partnership Agreement listing all partners and the amount of interest each partner owns.
- A Certificate of Partnership from the Oklahoma Secretary of State. Contact (405) 521-4211

**Tribes or Tribal Corporations/Entity must provide the following items:**

\*Individual History Forms completed by each tribal officer, director, or committee members.

**Municipal Trust must provide the following items:**

\*Individual History Forms completed by each member/officer of the trust.

- \*Copy of the Municipal Trust.
- \*List of members of the municipal trust.
- \*Point of Contact

**State Agency must provide the following items:**

\*Individual History Forms completed by each member/officer of the agency administration.

- \*List of designated Agency Administrators.
- \*Point of Contact

**Organizations must provide the following items:**

- \*Individual History Forms completed by an officer the organization.
- \*Verification letter from IRS stating the organization is tax exempt.

# 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.

1. DBA Name of Location
2. Location Address

## APPLICANT

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

## 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

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

## CURRENT EMPLOYMENT

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

## 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?

## INDIVIDUAL QUESTIONNAIRE (continued)

<p>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)</p> <p><input type="radio"/> Yes                      <input type="radio"/> No</p>
<p>25b. If yes, explain</p>
<p>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?</p> <p><input type="radio"/> Yes                      <input type="radio"/> No</p>
<p>26b. If yes, explain</p>
<p>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?</p> <p><input type="radio"/> Yes                      <input type="radio"/> No</p>
<p>27b. If yes, explain</p>
<p>28a. Are you a law enforcement official, a peace officer engaging in law enforcement activities or a person who appoints law enforcement officials?</p> <p><input type="radio"/> Yes                      <input type="radio"/> No</p>
<p>28b. If yes, explain</p>
<p>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?</p> <p><input type="radio"/> Yes                      <input type="radio"/> No</p>
<p>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?</p> <p><input type="radio"/> Yes                      <input type="radio"/> No</p>
<p>31. Are you an employee of the Oklahoma Tax Commission engaging in auditing, enforcing or collecting of alcoholic beverage taxes?</p> <p><input type="radio"/> Yes                      <input type="radio"/> No</p>

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

## **Help Info for Each Supporting Document Required for Uploading**

**Proof of Publication**-This is an affidavit from the newspaper used to publish your notice of intent. It will have a copy of the article and the 2 dates it ran in the newspaper. If your newspaper does not provide its own affidavit, they can complete our proof of publication form.

**Individual History Forms**-These are 3 pages completed by All applicants which includes individuals, partners, corporate officers, directors, stockholders, LLC managers and members, tribal members, trustees, and Governmental entity staff.

**Applicant Affidavit**-This is a disclaimer stating all questions and documents are being answered completely and truthfully by the applicant.

**Location Diagram**-The diagram should include all areas outside dimensions, rooms, doorways, bars, liquor storage areas, patios, pool areas etc. **DO NOT SUBMIT BLUEPRINTS**. Please make sure location diagram is provided for the ABLE Agent at the time of inspection.

**Certificate of Liability Insurance**-Proof of liability insurance covering bodily injury and property damage. (No minimum amount is required) \*Please submit a **current** copy of the general liability insurance policy issued to the applicant/licensee listing the business location address for coverage.

**Certificate of Incorporation**-This comes from the Secretary of State' office when you registered the corporation. If you do not have a copy, contact the Secretary of State's office from the State the corporation was registered in. If you have formed a corporation in Oklahoma, contact the Oklahoma Secretary of State's office at 405-521-4211 or their web address is [www.sos.gov/default.aspx](http://www.sos.gov/default.aspx)

**Certificate of Good Standing**- This comes from the Oklahoma Secretary of State stating the Corporation, LLC, LP, etc., is in good standing with them once your business entity is registered In Oklahoma. \*Contact the Secretary of State's office at 405-521-4211 or their web address is [www.sos.gov/default.aspx](http://www.sos.gov/default.aspx) to obtain this certificate.

**Certificate of Authority or Registration or Qualification**- This comes from the Oklahoma Secretary of State stating the Corporation, LLC, LP, etc., is registered and authorized to do business In Oklahoma. \*Contact the Secretary of State's office at 405-521-4211 or their web address is [www.sos.gov/default.aspx](http://www.sos.gov/default.aspx) to obtain this certificate.

**Election Minutes**-This is a written copy of a meeting held to elect and list the officers, directors, and stockholders of a corporation or non-profit organization, or non-profit corporation. Additional information may be listed in the meeting such as a discussion to apply for an ABLE license, or host a bingo game, or event information for fundraising.

**Articles of Organization**- These articles are filed with the Oklahoma Secretary of State's office on behalf of an LLC (limited liability company) and a filing number is issued. In addition to the

articles being issued a filing number a certificate of limited liability may be issued as well. For an LLC formed outside of Oklahoma, the articles may be called a Certificate of Formation.

**LLC Operating Agreement**-This agreement outlines who the managers/members are and the functional decisions rules and regulations of the LLC including a schedule or attachment showing the membership interest. **\*If you do not have this LLC agreement, you can create one by using Google to search for a sample template for a LLC operating agreement.**

**Deed, Lease, Management Agreement, or Sales Contract**-This is required for the business location. **\*\*The applicant for the ABLE License is one of the following based on how you are applying for your license as either an Individual, Partners, Partnership Name, Name of Corporation, Name of LLC, Name of LP, Name of Tribal Entity, etc. \*The applicant will be listed on the deed as the grantee, tenant or lessee on the lease, manager on the management agreement, or as the buyer on a sales contract.**

**Certificate of Compliance**-This letter or certificate will come from either the City Clerk's office if the business is within the city limits or the Board of County Commissioners if located outside the city limits. The letter or certificate **must** state the business location meets the zoning, fire safety, and health codes. If no codes exist in the City or County being applied for, a letter or certificate **must** be provided stating **no** zoning, fire, safety, and health codes exist. If the County the business is in defers all inspections to the **State**, then you must provide copies of the inspections made by the State Fire Marshall's office and the State Health Dept. **\*This letter cannot be over 60 days old.**

**Tax Statement**-This letter or receipt comes from the County Treasurer's office from the County where the business is located in. This letter or receipt **must state** no real or personal property taxes are owed or the **applicant name** is not on their tax rolls for the Type of **Applicant** (the name of the **Individual**, name of **all partners**, or **entity name** of the corporation, LLC, LP, LLP, tribal entity etc. **applying for the ABLE license**)

**Tax Exempt 501c letter**-This comes from the IRS stating the organization is tax exempt.