



# Alcoholic Beverage Laws Enforcement Commission

## Personal History Sheet

ABLE 02/2026

Every officer and majority owner must complete a Personal History Statement. Answer all questions. Put "NA" in the fields that don't apply to you. Any false statement will disqualify you and subject you to prosecution under Oklahoma State law.

### OWNER/APPLICANT

1. Trade Name (Name of restaurant, bar, etc.)

2. Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Marital Status:  Single  Married  Divorced  Widowed

4. Full Legal Name (Last, First, Middle)

Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)			
Race:	Gender:	Height:	Weight:	Hair Color:	Eye Color:
Place of Birth (City, State, Country)					
Email Address					

### SPOUSE

5. Full Legal Name (Last, First, Middle)

Social Security Number	Issuing State/ Driver License Number	Date of Birth (mm/dd/yyyy)			
Race:	Gender:	Height:	Weight:	Hair Color:	Eye Color:
Place of Birth (City, State, Country)					

### OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse?  YES  NO  
 If "YES" please provide their information below: (If additional space is needed, please attach a page with information.)

Full legal name (Last, First, Middle)

Social Security Number	Issuing State/ Driver License No.	Date of Birth (mm/dd/yyyy)	Relationship		
Race:	Gender:	Height:	Weight:	Hair Color:	Eye Color:

### RESIDENTIAL ADDRESSES

7. List residential addresses for the past five (5) years starting with current address.  
**If you have not lived in Oklahoma for the previous 12 months**, you are required to provide ABLE with an official copy of your criminal background check from the FBI or state police of any state where you lived during the previous five years.  
 (If additional space is needed, please attach a list with the required information below.)

Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
			PRESENT

8. Business Phone No. \_\_\_\_\_ Residential Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

### RESIDENT STATUS

9A. Are you a U.S. citizen?  YES  NO

B. If "YES" answer the following:  
 Native Born  Naturalized. If "Naturalized, please provide proof of citizenship.

C. If "NO" What is your legal status in the United States? Explain below, or attach a page with information.

D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

## EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. If self-employed or retired, include the name of your company or company from which you retired, type of business owned or the position held prior to retirement. Include periods of unemployment. All periods of time must be accounted for during the past five years. (If additional space is needed, attach a separate sheet.)

Name of Employer/Company	Address (Street, City, State, ZIP)	Position Held/Business Type	From (mm/yyyy)	To (mm/yyyy)
				<b>PRESENT</b>

## INDIVIDUAL FINANCIAL INFORMATION

11. List the total amount of **your** personal investment in this location. Provide investment details including notes, loans, gifts, cash, services or equipment, and operating capital. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column.

(If additional space is needed, attach a separate sheet.)

**NOTE:** If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: name, social security number, driver license number and state, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
<b>TOTAL AMOUNT OF PERSONAL INVESTMENT</b>	

## WARNING AND SIGNATURE

**WARNING:** Any false statement may disqualify you and may subject you to prosecution under Oklahoma State law. Please complete all fields and answer all questions. Put "NA" in the fields that don't apply to you.

I hereby swear, under penalty of law, that I have read all information provided in this document, along with 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 authorize the ABLE Commission to use all legal means to verify the information provided.

**PRINT**

**NAME:** \_\_\_\_\_

**AUTHORIZED**

**SIGNATURE:** \_\_\_\_\_

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the individual(s) whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.