



Alcoholic Beverage Laws Enforcement Commission

REQUEST TO SURRENDER LIQUOR LICENSE

Licensees must complete and submit this form for approval if they wish to surrender all of their liquor license. Your request may be sent by e-mail to able_licensing@able.ok.gov and must be received by ABLE at least **10 days prior** to surrendering your liquor license.

Licensee Information:

Licensee DBA Name	License Number		
Address	City	State	Zip Code
Requestor Name	Requestor Title		
Phone Number	E-mail Address		

License Surrender Information:

Date(s) of Surrender:	Date(s)	
	Start Time	End Time
Reason for Surrender:	Date of Closure	

- I am surrendering the entire licensed premise.
 I understand that no alcoholic liquor or cereal malt beverage may be sold, dispensed or consumed by anyone on this premises.

Under penalties of perjury, I declare the information contained in this document to be a true, accurate and complete disclosure of information.

Authorized Signature

Date