



Alcoholic Beverage Laws Enforcement Commission

REQUEST TO WITHDRAW LIQUOR APPLICATION

Licensees must complete and submit this form for approval if they wish to withdraw all of their liquor license. Your request may be sent by email 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	Application Number		
Address	City	State	Zip Code
Requestor Name	Requestor Title		
Phone Number	E-mail Address		

License Withdraw Information:

Date(s) of Withdraw:	Date(s)	
Reason for Withdraw:		Date of Closure

I am withdrawing my application/renewal application.

I understand that no alcoholic liquor or cereal malt beverage may be sold, dispensed or consumed on the 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