



Alcoholic Beverage Laws Enforcement Commission

Request For Administrator Appointment

Please complete and submit the request form and required items to able_licensing@able.ok.gov.

OWNER INFORMATION

1. ABE License Number:		2. DBA Name of Location:	
3. Location Address:	City:	State:	Zip Code:
4. Mailing Address:	City:	State:	Zip Code:
5. Business Phone Number:	Alternate Phone Number:	E-mail Address:	
6. Type of Owner:	Individual	General Partnership	Tribe
	Partnership	Corporation	Tribal Corporation/Entity
	Limited Partnership	Limited Liability Company	Other
7. Name of Individual/Sole Proprietor (if owned by an individual):		8. Social Security Number:	
9. Name of Business Entity (if Partnership, Corp., LLC or Tribe):		10. Federal Employer Identification Number:	
11. Application Contact Person:		12. Application Contact Address:	
13. Application Contact Phone Number		14. Application E-Mail Address:	

CERTIFICATION

I, _____, being duly sworn upon oath deposes and says: That he/she is the applicant who makes the above and foregoing application, that he/she has read and signed the same; knows the contents thereof and that all statements therein contained are true. Applicant(s) certifies that the statements and representations made herein are true and correct and consents that if any statements and representations herein are found to be false or omitted, that the Director may refuse to issue said license or may cause such license to be revoked forthwith at any time. He/She further agrees that he/she has filed all appropriate property, both real and personal, and wherever situated in the state of Oklahoma, have been paid.

Signature of Applicant(s)