



Oklahoma Alcoholic Beverage Laws Enforcement Commission

Public Event Application

City/County/Tribal Notification

Name of Event: \_\_\_\_\_

Physical Address of Event:

Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Is it within the City Limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Building or Area (i.e. Hafer Park, Bricktown, Plaza District, Riverwalk, Civic Center, etc.):

Event Date(s) (cannot exceed 3 consecutive days):

Event Hours (can only serve from 10:00am to 02:00am, Sunday sales are restricted in certain counties):

Note: Events shall only be authorized in counties that have voted to allow liquor-by-the-drink sales.

1. Name(s) of Individual Applicant, Partners, Limited Liability Corporation (LLC), or Corporation (include Social Security Number(s) or Federal Identification Number):

2. License to be issued to: (Check One)

Individual

Partnership

Limited Partnership

Corporation

Limited Liability Corporation



**Oklahoma Alcoholic Beverage Laws Enforcement Commission**

3. Doing Business as (DBA) name: \_\_\_\_\_

4. Business (Physical) Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Business (Mailing) Address:

Street/P.O. Box: \_\_\_\_\_ Suite: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Contact Person: \_\_\_\_\_

Telephone Contact Number: 1 - \_\_\_\_\_

**City/County/Tribal Use Only**

**A. This section must be completed by the Police Chief, Sheriff, Tribal Police Chief, or their authorized representative, whichever has jurisdiction over the event location.**

This office recommends that this application be \_\_\_\_ Granted \_\_\_\_ Denied (Check One)

If recommendation is to deny, please describe grounds:

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. This section must be completed by the City Licensing Official, Board of County Commissioners (Licensing Official), Tribal Administration or their authorized representative, whichever has jurisdiction over the event location.**

This office recommends that this application be \_\_\_\_ Granted \_\_\_\_ Denied (Check One)

If recommendation is to deny, please describe grounds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_