



## Alcoholic Beverage Laws Enforcement Commission

## Personal History Sheet

ABLE  
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. Full Legal Name (Last, First, Middle)					
4. Is your spouse or any family member(s) working in any area of the liquor industry? If yes, for whom?					
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:		Personal Phone:		Business Phone:	

### INDIVIDUAL QUESTIONNAIRE

5a. Have you ever been convicted of, pled guilty to or nolo contendere to a felony?	<b>YES</b>	<b>NO</b>
5b. Have you been convicted of any crime, violation or infraction of any law?	<b>YES</b>	<b>NO</b>
5c. Are there presently any criminal charges against you?	<b>YES</b>	<b>NO</b>
5d. Have you ever been convicted of a violation of any state or federal law relating to alcoholic beverages, or forfeited any bond while any such charge was pending against you?	<b>YES</b>	<b>NO</b>
5e. If you have answered "Yes" to 5a through 5d, please list the offense, date, city/county/state, and disposition (fine, probation, incarceration, etc).		
6. Are you presently or have been licensed or employed in the liquor business? If yes, please state the license type, license number, when and the location.		
7. Have you ever received a warning, a notice of violation, suspension, fine or revocation as a licensee?		
8. Have you ever been refused a license to sell, serve or dispense alcoholic beverages? If yes, please state when and the location.		
9. Have you ever held or do you hold any financial interest in any liquor enterprise (manufacturing, importing, wholesale or retail)? If yes, please state when and the location.		
10a. Is your spouse or any family member(s) working in any area of the liquor industry? If yes, from whom?	Yes	No
10b. Residential Address:		
11a. Are you a member of any board or commission, or an agent or an employee of the state of Oklahoma or any political subdivision thereof (County, City, Town, or School District)? If yes, explain.	Yes	No
12. Are you a U.S. citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>B.</b> If "YES" answer the following: <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized. If "Naturalized, please provide proof of authorization to work in the U.S.		
<b>C.</b> If "NO" What is your legal status in the United States? Explain below, or attach a page with information.		
<b>D.</b> Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.		

## INDIVIDUAL QUESTIONNAIRE (continued)

13a. Do you individually, or the legal entity to be licensed, have any right, title, lien, claim or other interest, financial or otherwise, in, upon or to the premises, equipment, business of any ABLE Commission License? **YES** **NO**

13b. If yes, explain.

14a. Does your interest result in exercise of control over, or participation in the management of the manufacture or wholesaler's business or business decisions? **YES** **NO**

14b. If yes, please explain.

15a. Are you a law enforcement official, a peace officer engaging in law enforcement activities or a person who appoints law enforcement officials?

**YES** **No**

15b. If yes, please explain.

16. Are you an employee of or related to any member of the ABLE Commission or to the Director or Assistant Director by affinity or consanguinity within the third degree? **YES** **No**

17. Are you a judge, district attorney or public official who sits in a judicial capacity with jurisdiction over the Oklahoma Alcoholic Beverage Control Act?

**YES** **No**

18. Are you an employee of the Oklahoma Tax Commission engaging in auditing, enforcing or collecting of alcoholic beverage taxes?

**Yes** **No**

## EMPLOYMENT HISTORY

10. List 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.

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

I, \_\_\_\_\_, under penalty of law, swear that I have read all information provided in this document and 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 also authorize the ABLE Commission to use all legal means to verify the information provided.

I authorize any person or organization listed in this application to provide information about me to an Agent of the Oklahoma Alcoholic Laws Enforcement Commission on a confidential basis, including bank and financial records, criminal history records, driving records, tax records and any other information relating to character or fitness for a liquor license. I will immediately notify the ABLE Commission if a Licensee-Wholesaler connection as described in the questionnaire above exists or is contemplated in my business.

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

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