



Alcoholic Beverage Laws Enforcement Commission

REQUEST TO SURRENDER 56 @ 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

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 of Surrender:	Date:	
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