



Alcoholic Beverage Laws Enforcement Commission

REQUEST TO WITHDRAW ABLE APPLICATION

Applicants must complete and submit this form for approval if they wish to withdraw their application or renewal. Your request may be sent by email to able_licensing@able.ok.gov.

Applicant Information:

Applicant DBA Name		Application Number	
Address	City	State	Zip Code
Requestor Name		Requestor Title	
Phone Number		E-mail Address	

Application Withdraw Information:

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

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