



ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

50 NE 23rd Street
Oklahoma City, OK 73105
(405) 521-3484

REQUEST FOR ADMINISTRATOR APPOINTMENT

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

ADMINISTRATOR FEE AND REQUIRED ITEMS

- Administrator Fee - \$0.00
- A certified copy of the petition to the court to appoint the administrator.
- A certified copy of the document appointing the administrator.
- A new lease, only if the lease on file is expiring.
- The original license to be printed with the administrator notation.

1. ABLE License Number			
2. DBA Name of Location			
3. Location Address			
City	County	State	Zip
4. Mailing Address			
City	County	State	Zip
5. Business Phone Number	6. Alternate Phone Number	7. E-mail Address	

OWNER INFORMATION

8. Type of Owner	
<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Tribe
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Tribal Corporation/Entity
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporation	
9. Name of Individual/Sole Proprietor (if owned by and individual) 9b. Social Security Number	
10a. Name of Business Entity (if Partnership, Corp., LLC or Tribe)	10b. Federal Employer Identification Number

11. Application Contact Person
Application Contact Address
Application Contact Phone Number
Application E-Mail Address for Correspondence

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 with the County Assessor and that all ad valorem taxes assessed on his/her property, both real and personal, and wherever situated in the state of Oklahoma, have been paid.

Signature of Applicant(s)

INDIVIDUAL PERSONAL HISTORY

MUST BE COMPLETED BY ALL APPLICANTS:

Individuals and partners

- Please complete all fields and answer all questions.
- Any false statement will disqualify you and subject you to prosecution under Oklahoma State law.

1. DBA Name of Location
2. Location Address

APPLICANT

1. First Name	2. MI	3. Last Name	4. Birthdate (mm/dd/yyyy)	
5. Social Security Number	6. Drivers License No. / State	7. Place of Birth (City, State, Country)		
8. Sex	9. Height	10. Weight	11. Hair Color	12. Eye Color
13. Home Phone			14. Business Phone	
15. Email Address				

RESIDENT STATUS

16. Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	17a. If "Yes", answer the following <input type="radio"/> Native Born <input type="radio"/> Naturalized
17b. If "Naturalized" provide the "A" number?	17c. If "NO" what is your legal status in the U.S.?
17d. Provide all documents such as Visa, Resident Alien or Employment Authorization Documents	

CURRENT EMPLOYMENT

18a. Name of Employer	Employer's Address	
Title	From (mm/yyyy)	To (mm/yyyy)

INDIVIDUAL QUESTIONNAIRE

19a. Have you ever been convicted of, pled guilty to or nolo contendere to a felony?
 Yes No

19b. Have you been convicted of any crime, violation or infraction of any law?
 Yes No

19c. Are there presently pending against you any criminal charges?
 Yes No

19d. 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?
 Yes No

19e. If you have answered "Yes" to 19a through 19d, list below

OFFENSE	DATE	CITY/COUNTY STATE	DISPOSITION (fine, probation, incarceration)

20. Are you presently or have you been licensed or employed in the liquor business?
 Yes No

LICENSE TYPE	LICENSE NUMBER	WHEN	LOCATION

21. Have you ever received a warning, a notice of violation, suspension, fine or revocation as a licensee?
 Yes No

WHEN	LOCATION

22. Have you ever been refused a license to sell, serve or dispense alcoholic beverages?
 Yes No

WHEN	LOCATION

23. Have you ever held or do you hold any financial interest in any liquor enterprise (manufacturing, importing, wholesale or retail)?
 Yes No

WHEN	LOCATION

24a. Is your spouse or any family member(s) working in any area of the liquor industry?
 Yes No

24b. If yes, for whom?

INDIVIDUAL QUESTIONNAIRE (continued)

25a. 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)

Yes

No

25b. If yes, explain

26a. 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 ABLÉ Commission License?

Yes

No

26b. If yes, explain

27a. 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

27b. If yes, explain

28a. Are you a law enforcement official, a peace officer engaging in law enforcement activities or a person who appoints law enforcement officials?

Yes

No

28b. If yes, explain

29. Are you an employee of or related to any employee of the ABLÉ Commission or to the Director, Assistant Director, or member by affinity or consanguinity within the third degree?

Yes

No

30. 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

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

Yes

No

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 ABLÉ 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 Beverage Law 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 ABLÉ Commission if a Licensee-Wholesaler connection as described in the questionnaire above exists or is contemplated in my business.

Signature of Applicant(s)

Title