



ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

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

MANUFACTURER LICENSE APPLICATION CHECKLIST

Before completing the application packet read the information below:

- **Both the application pages and additional items required must all be completed and provided for filing or the application will not be accepted.**
- The application will be reviewed and under investigation upon filing of application.
- The license fee is due upon filing the application. We accept cash, credit card, business check, money order, or cashier's check for walk-in customers. Mail-in customers can submit the license fee by money order, cashier's check, or business check only.
- File the completed application in person or by mail at the ABLE Commission, 50 NE 23rd Street Oklahoma City, OK 73105, Monday thru Friday 7:30 am to 4:30 pm.
- Contact the ABLE Commission office at (405) 521-3484 or visit our website at www.able.ok.gov for questions or general information.

***In addition to the ABLE Manufacturer License, you must apply for a tax permit with the Oklahoma Tax Commission.** The Oklahoma Tax Commission provides an easy online application in order to register your business and become tax compliant. To apply for a tax account, proceed to <https://oktap.tax.ok.gov/OkTAP/Web> and select "Register a Business" under the Business Tab. Simply follow the prompts for registration as directed. Any questions with the registration process can be emailed to TaxAssist-Registration@tax.ok.gov. Your immediate attention to this matter is greatly appreciated.

****Additional items all applicants must submit: Individual/Sole Proprietor**

- A certificate of liability Insurance showing coverage for both bodily injury and property damage.
- A copy of the Basic Federal Permit from the TTB. (www.ttb.gov)
- A Certificate of Authority or Registration from the Secretary of State.
- Oklahoma Price Posting Form for Non-Designated Products. (see enclosed form)
- Short Form Price Posting for Non-Designated Products. (see enclosed form)
- Oklahoma Price Posting Affidavit for Non-Designated Products.

Label & Registration Information

****Please go to the PRO Website below to register all of your wine or spirit products.**

<https://www.productregistrationonline.com>

***If you have registration questions, please contact SOVOS team by either email: prosupport@sovos.com or phone (866) 890- 3971 x 1 x 3 x2. If you have brand registration questions for ABLE, please email Shelly.Berry@able.ok.gov**



ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

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

MANUFACTURER LICENSE APPLICATION

Please complete the entire form. No licenses will be issued unless the ABE Commission is able to verify the information provided. The ABE Commission may request additional information not requested on this application. Additional information may be required prior to the issuance of any license.

****Manufacturer fees are based on the number of nine-liter cases sold in Oklahoma.**

MANUFACTURER LICENSES AND FEES

*MFR-License Fee - \$150 if 50 cases or less sold MFR-License Fee - \$300 if 51 to 500 cases sold

*MFR-License Fee - \$600 if 501 or more cases are sold

*Fee is based on the number of cases sold per calendar year

<p>1. Primary Business at this Location: A Manufacturer that owns either a winery or distillery and is the producer of either wine or spirits who ships their products into Oklahoma to be sold by a licensed Wine and Spirits Wholesaler. *This license runs on fiscal year July 1 to June 30th</p>													
<p>2. DBA/Trade Name of the Manufacturer applying to be licensed</p>													
<p>3. Location Address</p> <table border="1"> <tr> <td>City</td> <td>County</td> <td>State</td> <td>Zip</td> </tr> </table>				City	County	State	Zip						
City	County	State	Zip										
<p>4. Mailing Address</p> <table border="1"> <tr> <td>City</td> <td>County</td> <td>State</td> <td>Zip</td> </tr> </table>				City	County	State	Zip						
City	County	State	Zip										
5. Business Phone Number	6. Alternate Phone Number	7. E-mail Address											
BUSINESS OWNERSHIP INFORMATION													
<p>8. Type of Owner</p> <table border="0"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Tribe</td> </tr> <tr> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Tribal Corporation/Entity</td> </tr> <tr> <td><input type="checkbox"/> General Partnership</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td></td> </tr> </table>				<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	
<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													
9a. Name of Individual/Sole Proprietor (if owned by an individual)		9b. Social Security Number											
10a. Name of Business Entity (if Partnership, Corp., LLC or Tribe)		10b. Federal Employer Identification #											

BUSINESS OWNERSHIP INFORMATION

11. Was Premises Previously Licensed by the Commission <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, to Whom?		Type of License	
12. Application Contact Person			
Application Contact Address			
Application Contact Phone Number		Application Contact E-Mail Address	
13. Name of General Manager Onsite		General Manager Phone Number	
14. Is your business located within 300 feet of a church or public school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14a. Where did your funding for this business originate? Check and list all that apply.			
INVESTMENT TYPE	AMOUNT	INVESTMENT TYPE	AMOUNT
<input type="checkbox"/> Ongoing Business Funds	\$	<input type="checkbox"/> Cash/Personal Funds	\$
<input type="checkbox"/> Promissory Note	\$	<input type="checkbox"/> Services	\$
<input type="checkbox"/> Loan	\$	<input type="checkbox"/> Equipment	\$
<input type="checkbox"/> Gift	\$	<input type="checkbox"/> Operating Capital	\$
<input type="checkbox"/> Other	\$		

15b. Whom or where did the initial investment come from? ex. Bank, family owned operation, line of credit, investment type, etc.

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)

MANUFACTURER AFFIDAVIT OF ELIGIBILITY

Manufacturers of wine or spirits must complete a section below:

I, _____, being duly sworn upon oath deposes and says that as a manufacturer I sold **50 nine-liter cases or less** in Oklahoma last calendar year. 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.

Signature of Applicant(s)

I, _____, being duly sworn upon oath deposes and says that as a manufacturer I sold **51 to 500 nine-liter cases** in Oklahoma last calendar year. 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.

Signature of Applicant(s)

I, _____, being duly sworn upon oath deposes and says that as a manufacturer I sold **501 nine-liter cases or more** in Oklahoma last calendar year. 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.

Signature of Applicant(s)

CORPORATION / NON PROFIT ORGANIZATION

Corporations must complete this section and provide the following items:

- A Certificate of Authority or Registration from the Oklahoma Secretary of State. (405) 521- 4211
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A Copy of the Basic Federal Permit from the TTB. (www.ttb.gov)
- Oklahoma Price Posting Form for Non-Designated Products. (see enclosed form)
- Short Form Price Posting for Non-Designated Products. (see enclosed form)
- Oklahoma Price Posting Affidavit for Non-Designated Products.
- *Not for profit & 501(c)(3) organizations are only required to list Officers, not Directors or Stockholders.*
- *Only Stockholders owning 15% or more are required to be reported for Corporations.*

1. Federal Employer Identification Number		
2. Business Entity Name		
3. No. of Shares Authorized to Issue	No. of Shares Issued	No. of Shares Unissued
4. Service Agent		Service Agent Address

CORPORATE OWNERSHIP INFORMATION

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

CORPORATE OWNERSHIP INFORMATION (continued)

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	No. of Shares

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

LIMITED LIABILITY COMPANY

Limited Liability Companies must complete this section and provide the following items:

- A Certificate of Authority or Registration from the Oklahoma Secretary of State. (405) 521- 4211
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A Copy of the Basic Federal Permit from the TTB.(www.ttb.gov)
- Oklahoma Price Posting Form for Non-Designated Products. (see enclosed form)
- Short Form Price Posting for Non-Designated Products. (see enclosed form)
- Oklahoma Price Posting Affidavit for Non-Designated Products..

1. Federal Employer Identification Number	
2. Business Entity Name	
3. No. of Memberships or Units Issued	4. Member Managed or Manager Managed <input type="checkbox"/> Member Managed <input type="checkbox"/> Manager Managed
5. Resident Agent Name	
Resident Agent Address	

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION (continued)

<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units
<input type="checkbox"/> Manager <input type="checkbox"/> Member			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% Membership or Units

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

PARTNERSHIP

Partnerships, Limited Partnerships or General Partnerships must complete this section and provide the following items:

- A Certificate of Authority or Registration from the Oklahoma Secretary of State. (405) 521- 4211
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A Copy of the Basic Federal Permit from the TTB.(www.ttb.gov)
- Oklahoma Price Posting Form for Non-Designated Products. (see enclosed form)
- Short Form Price Posting for Non-Designated Products. (see enclosed form)
- Oklahoma Price Posting Affidavit for Non-Designated Products.

1. Federal Employer Identification Number	
2. Business Entity Name	
3. Service Agent	Service Agent Address

PARTNERSHIP INFORMATION

<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEIN #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

PARTNERSHIP INFORMATION (continued)

<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State	Birthdate (mm/dd/yyyy)	% of Interest

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

TRIBE/TRIBAL CORPORATION

Tribes or Tribal Corporations must complete this section and provide the following items:

- A Certificate of Authority or Registration from the Oklahoma Secretary of State. (405) 521- 4211
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A Copy of the Basic Federal Permit from the TTB.(www.ttb.gov)
- Oklahoma Price Posting Form for Non-Designated Products. (see enclosed form)
- Short Form Price Posting for Non-Designated Products. (see enclosed form)
- Oklahoma Price Posting Affidavit for Non-Designated Products.

1. Federal Employer Identification Number	
2. Name of Tribe or Tribal Entity	
3. Service Agent	Service Agent Address

TRIBE/TRIBAL OWNERSHIP INFORMATION

☐ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
☐ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
☐ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
☐ Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)

TRIBE/TRIBAL OWNERSHIP INFORMATION (continued)

c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
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First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
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First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)
c Tribal Committee Officer			
First Name or Entity Name	MI	Last Name	Title
SSN or FEI #	Drivers License No./State		Birthdate (mm/dd/yyyy)

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

INDIVIDUAL PERSONAL HISTORY

MUST BE COMPLETED BY ALL APPLICANTS:

Individuals, partners, corporate officers, directors, stockholders, LLC managers, LLC members, tribal members, trustees, etc.

- 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			

RESIDENTIAL ADDRESS

16. List residential addresses for the past (5) years starting with the current address. Attach a separate sheet if necessary.

NUMBER AND STREET	CITY, STATE, ZIP	FROM (mm/yyyy)	TO (mm/yyyy)

RESIDENT STATUS

17a. Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	17b. If "Yes", answer the following <input type="radio"/> Native Born <input type="radio"/> Naturalized
17c. If "Naturalized" provide the "A" number?	17d. If "NO" what is your legal status in the U.S.?
17e. 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 ABLE 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 ABLE Commission or to the Director or Assistant Director 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 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 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 ABLE Commission if a Licensee-Wholesaler connection as described in the questionnaire above exists or is contemplated in my business.

Signature of Applicant(s)

Title

OKLAHOMA PRICE POSTING FORM - FOR NONDESIGNATED WINE & SPIRITS PRODUCTS

(Price posting is due on the 1st of the month effective the 1st of the following month to the Commission and to the Wine & Spirits Wholesalers)

Nonresident Seller/
Manufacturer: _____

License #: _____

For the month of: _____

	Actual Case Wt.	Units Per Case	Size	Old FOB Price	New FOB Price
TTB ID#					
Brand Name:					
Class & Type:					
Alc. By Vol. (Proof)					
Age:					
Origin:					
Importer					
Brand Owner					
FOB Point					
TTB ID#					
Brand Name:					
Class & Type:					
Alc. By Vol. (Proof)					
Age:					
Origin:					
Importer					
Brand Owner					
FOB Point					
TTB ID#					
Brand Name:					
Class & Type:					
Alc. By Vol. (Proof)					
Age:					
Origin:					
Importer					
Brand Owner					
FOB Point					
TTB ID#					
Brand Name:					
Class & Type:					
Alc. By Vol. (Proof)					
Age:					
Origin:					
Importer					
Brand Owner					
FOB Point					

A KEITH BURT
DIRECTOR AND
SECRETARY TO THE COMMISSION



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

SHORT FORM PRICE POSTING FOR NON-DESIGNATED
PRODUCTS BY NONRESIDENT SELLERS/MANUFACTURER

Spirits & Wine

License No. _____

Name: _____

Address: _____

Date: _____

In compliance with Title 37A § 3-116 (D)(2)(b) et.seq., the above named Nonresident Seller/Manufacturer adopts by reference its most recent detailed price registration filed with the ABLE Commission on _____, 20____, for the month of _____, 20____, and affirms that said price registration, without exception, will remain unchanged and in effect during the month of _____, 20____.

It is hereby certified, under penalty of suspension or revocation of license that the above named licensee has on this date sent a true copy hereof to each Oklahoma licensed wine and spirits wholesaler.

Nonresident Seller/Manufacturer: _____

By: _____

**OKLAHOMA PRICE POSTING AFFIDAVIT
FOR NON-DESIGNATED PRODUCTS**

Affiant hereby states and affirms that:

1. _____, is the manufacturer or nonresident seller to sell each of the brands of the alcoholic beverages as set forth in the attached schedule of prices.
2. _____, has filed all appropriated property with County Assessor and all ad valorem taxes assessed on property, both, real and personal, whenever situated in the State of Oklahoma, has been paid.
3. _____, a licensee holding a Nonresident Seller/Manufacturer's license under the Oklahoma Alcoholic Beverage Laws Enforcement Commission, do hereby swear or affirm that I have read and do understand the current law of the State of Oklahoma.
4. _____, does agree to sell its products to Oklahoma Wine & Spirits Wholesalers without discrimination.

The Commission is relying on information provided in the aforesaid affidavit as to your authority to post these products in Oklahoma. If the Commission is not advised in writing of exclusive ownership of or authorization for a product, it will not be liable for any damages resulting from the posting of that product by another licensee.

Date: _____

(Company Name)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

Commission No. _____

ALPHABETIC LISTING
OF WINE AND SPIRITS WHOLESALER BY COUNTY
OKLAHOMA ABLE COMMISSION

LICENSE NUMBER	TYPE	COUNTY	DBA NAME	LICENSEE NAME	PREMISE ADDRESS	CITY	ST	ZIP	PHONE NUMBER	EXPIRES
924803	WSW	BRYAN	HITCHCOCK WINE AND SPIRITS LLP OKLAHOMA SPIRITS AND WINE	INFORMAL PARTNERSHIP	2901 WEST ARKANSAS STREET 2616 NORTH MOORE AVENUE	DURANT	OK	74701	-	2022/04/20
782986	WSW	CLEVELAND	FISHERS9 OK WINE & SPIRITS	INFORMAL PARTNERSHIP	1210 SW GILBERT GIBSON ROAD 400 SOUTHEAST STAFFORD STREET	LAWTON	OK	73501	-	2022/05/17
930528	WSW	COMANCHE	SOUTHWEST SALES WINE & SPIRITS	SOUTHWEST SALES WINE & SPIRITS LLP	400 SOUTHEAST STAFFORD STREET	LAWTON	OK	73501	-	2022/05/17
930647	WSW	COMANCHE	TRIPLE Z DISTRIBUTING	INFORMAL PARTNERSHIP	1600 WEST CHESTNUT	ENID	OK	73703	-	2022/02/12
916657	WSW	GARFIELD	TRIPLE B DISTRIBUTING	ROGERS, JOSHUA	771 RANCHWOOD DRIVE 489 SOUTHEAST 1160TH AVENUE	TUTTLE	OK	73089	-	2021/08/05
930720	WSW	GRADY	BACKWOODS DISTRIBUTION	BACKWATER LP	3901 TULL AVENUE	RED OAK	OK	74563	(918) 413-5199	2022/04/01
926318	WSW	LATIMER	SPECIALTY BRANDS	SPECIALTY BRANDS LLP	7004 NORTH OKLAHOMA COURT SUITE D	MUSKOGEE	OK	74403	(918) 682-6331	2021/08/14
783391	WSW	MUSKOGEE	APEX WHOLESAL	ELKINS, GRANT	421 NORTH PORTLAND STREET	OKLAHOMA CITY	OK	73105	-	2022/01/17
828498	WSW	OKLAHOMA	CAPITAL WINE & SPIRITS	LPP	204 NORTHEAST 70TH STREET	OKLAHOMA CITY	OK	73105	(405) 429-8910	2022/06/07
927130	WSW	OKLAHOMA	REVOLUTION WHOLESAL	NAIFEH, JULIE D	605 NORTH TULSA AVENUE	OKLAHOMA CITY	OK	73107	(405) 947-8050	2021/10/01
773159	WSW	OKLAHOMA	RNDK OKLAHOMA STAR BRANDS DISTRIBUTION	CENTRAL LIQUOR COMPANY LP	1354 WEST SHERIDAN AVENUE SUITE B	OKLAHOMA CITY	OK	73106	-	2022/03/27
6	WSW	OKLAHOMA	ARMADA BEVERAGE COMPANY	ARMADA DISTRIBUTING	5171 SOUTH MINGO ROAD	TULSA	OK	74146	(918) 398-6824	2021/06/30
930646	WSW	TULSA	ARTISAN WHOLESAL COMPANY	JABBOUR, ANNA LOUISE	6616 EAST 12TH STREET	TULSA	OK	74112	(918) 805-5497	2022/05/29
774362	WSW	TULSA	DYNAMIC BRANDS	HANDCRAFTED-DYNAMIC LP	4157 SOUTH 72ND EAST AVENUE UNIT B	TULSA	OK	74145	(800) 603-0483	2022/03/15
768806	WSW	TULSA	LDE WINE & SPIRITS	INFORMAL PARTNERSHIP	10718 EAST MARSHALL STREET	TULSA	OK	74116	-	2022/02/19
919639	WSW	TULSA	SOUTHERN GLAZERS WINE & SPIRITS OF OKLA	SOUTHERN GLAZERS WINE&SPIRITS OF OK LLLP	315 SOUTH 85TH EAST AVENUE	TULSA	OK	74112	(918) 836-2511	2021/06/30