



Alcoholic Beverage Occupation Tax Application (Group 3)

Community Development
405-677-5741 ext. 7314
3701 SE 15th Street
Del City, OK 73115
www.cityofdelcity.gov
permits@cityofdelcity.org

Application Information (Must Match ABLE License)

Applicant Name: _____

Applicant's Current Address: _____

City: _____ State: _____ Zip: _____

Applicant Contact Phone: Home: _____ Cell: _____

Applicant E-mail Address: _____

State License Type: _____ State Sales Tax Id No.: _____

State License No.: _____

Please Select One:

<u>Type</u>	<u>New</u>	<u>Renew</u>	<u>Type</u>	<u>New</u>	<u>Renew</u>
Brewpub	<input type="checkbox"/> \$1,250.00	<input type="checkbox"/> \$1,250.00	Beer Distributer	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$750.00
Small Brewer	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$500.00	Airline/Railroad	<input type="checkbox"/> \$1,005	<input type="checkbox"/> \$1,005
Winemaker	<input type="checkbox"/> \$625.00	<input type="checkbox"/> \$625.00	Agent	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$55.00
Small Farm Winemaker	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$75.00	Industrial	<input type="checkbox"/> \$23.00	<input type="checkbox"/> \$23.00
Rectifier	<input type="checkbox"/> \$3,125.00	<input type="checkbox"/> \$3,125.00	Carrier or Private Carrier	<input type="checkbox"/> \$23.00	<input type="checkbox"/> \$23.00
Wine & Spirits Wholesaler	<input type="checkbox"/> \$3,000.00	<input type="checkbox"/> \$3,000.00	Bonded Warehouse	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$190.00
Storage	<input type="checkbox"/> \$23.00	<input type="checkbox"/> \$23.00	Charitable Auction	<input type="checkbox"/> \$1.00	<input type="checkbox"/> \$1.00
Nonres. Seller/Man.	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$750.00	Winemaker Self-Distribution	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$750.00
Brewpub Self-Distribution	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$750.00	Small Brewer Self-Distribution	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$750.00
Distiller	<input type="checkbox"/> \$3,125.00	<input type="checkbox"/> \$3,125.00			

SIGNATURE

DATE

PRINT NAME

For Staff Use Only

LICENSE NO.: _____ APPROVED BY: _____

TOTAL FEE (S): _____ RECEIPT NO.: _____

APPLICANT CERTIFICATIONS

I certify that the information contained in this form, and in any attachments thereto, is complete, true, and accurate.
_____ (initial)

I understand that, by submitting this application, I agree to comply with all adopted codes and applicable laws/
ordinances. _____ (initial)

I understand that I am responsible for paying any past due occupation tax. _____ (initial)

I hereby submit this application for Alcoholic Beverage Occupation Tax (Group 3).

Applicant Signature

Date

Before me, the undersigned, a Notary Public in and for the State/Commonwealth of _____
, County/Parish of, _____, on this _____ day of _____, 20 _____
, personally appeared _____ to me known to be
the identical person (s) who executed the within and foregoing instrument, and acknowledged to me that (s) he / they
executed the same as his / her / their free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

(seal)

My commission expires on the _____ day of _____, 20 _____.

SUPPLEMENTAL INFORMATION

DESCRIBE THE ACTIVITY REQUIRING LICENSURE/PAYMENT OF OCCUPATION TAX.

SIGNATURE

DATE