



Alcoholic Beverage Occupation Tax Application (Group 1)

Community Development
405-677 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>	<input type="checkbox"/>	<u>New</u>	<input type="checkbox"/>	<u>Renew</u>
Retail Spirits	<input type="checkbox"/>	\$905.00	<input type="checkbox"/>	\$905.00
Retail Wine	<input type="checkbox"/>	\$500.00	<input type="checkbox"/>	\$500.00
Retail Beer	<input type="checkbox"/>	\$500.00	<input type="checkbox"/>	\$500.00

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 1).

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 _____.