

ABLE Certificate of Compliance Request

To the City Clerk of Bartlesville, Oklahoma:

Date Submitted: _____

I, _____, the undersigned as owner or proper agent, request that the City of Bartlesville verify that my business, which is involved in the sale of alcoholic beverages, is in compliance with all City of Bartlesville's applicable zoning, fire, safety, and health codes, as well as not delinquent with any local or state taxes. This request is submitted in order that I may obtain the Certificate of Compliance (as referenced below) to attach to my application to be submitted to the ABLE Commission.

I understand that I am required to obtain a City of Bartlesville Business License and Alcohol Beverages Permit after I have obtained the State ABLE License at which time I will be required to provide proof of the State License to the City of Bartlesville. I further understand that I may be required to make additional modifications or provide additional information as needed in order to fully comply with all applicable City codes, ordinances, and regulations.

Establishment DBA Name: _____

Business Owner Name: _____

(Please note: Liquor Stores (Package Stores) must be owned by an individual. They cannot be owned by a corporation, LLC, etc.)

Type of Business: _____
(Sole Proprietorship, Partnership, Corporation, LLC, etc.)

Establishment Address: _____

Contact Person and Phone Number: _____

Type of ABLE License applying for:

_____ Mixed Beverages, Service on Premises _____ Mixed Beverages, Caterer
_____ Strong Wine and Beer, Service on Premise _____ Retail Liquor Package Stor

In connection herewith I, _____, further state that I am not now, or will not in the future, violate any Laws of the State of Oklahoma, or the Ordinances of said City of Bartlesville.

Respectfully Submitted,

_____ Date _____



**CERTIFICATE OF COMPLIANCE
For State of Oklahoma ABLE License**

The following certificate shall be good for a period of thirty (30) days from the last date hereinafter identified.

Establishment DBA Name: _____

Establishment Address: _____

Certificate has been approved by:

All provisions regarding zoning requirements as required by the Code of the City of Bartlesville are in compliance.

_____ Date
City of Bartlesville Zoning Official

All provisions regarding fire requirements as required by the Code of the City of Bartlesville are in compliance.

_____ Date
City of Bartlesville Fire Marshal

All provisions regarding building and health requirements as required by the Code of the City of Bartlesville are in compliance.

_____ Date
City of Bartlesville Building Official

Required Attachments:

- _____ Proof of identification and copy of photo ID of contact person
- _____ Sales Tax Permit from the Oklahoma Tax Commission (918-521-3160)
- _____ Publisher's Affidavit from the Bartlesville Examiner-Enterprise
- _____ Certificate of Good Standing from the Secretary of State (405-521-3912 or www.sos.ok.gov)
- _____ \$20 fee