



**CITY OF BARTLESVILLE
ALCOHOLIC BEVERAGES
OCCUPATIONAL LICENSE APPLICATION**
September 2018

Name of Applicant: _____

Name of Business: _____

Bartlesville Address of Business: _____

Business Phone #: _____

Name of Owner: _____

If Owner is a Corporation or Partnership, state name and complete the information on the next page)

Owner Address: _____

Owner Phone #: _____

Name of Manager: _____

Manager Phone #: _____

Type of License Requested:

Check	License Type	First Year Fee	Renewal
	Supplier		
	Brewer	\$1,250	\$1,250
	Small Brewer	\$125	\$125
	Small Brewer Self-Distribution	\$750	\$750
	Winemaker	\$625	\$625
	Small Farm Winery	\$75	\$75
	Winemaker Self-Distribution	\$750	\$750
	Distiller or Rectifier	\$3,125	\$3,125
	Wine and Spirits Wholesaler	\$3,000	\$3,000
	Beer Distributor	\$750	\$750
	Off Premise Consumption		
	Retail Spirits (includes retail wine and beer)	\$900	\$900
	Retail Wine (wine only)	\$1,000	\$1,000
	Retail Beer (beer only)	\$500	\$500
	On Premise Consumption		
	Mixed Beverages	\$1,000	\$900
	Beer and Wine	\$500	\$450
	Brew Pub	\$1,000	\$1,000
	Brew Pub, if licensee also holds a mixed beverage or wine and beer permit	\$50	\$50
	Mixed beverage/caterer combination	\$1,250	\$1,150
	Caterer	\$1,000	\$900
	Hotel or Airline/Railroad Beverage	\$1,000	\$900

	Special Events	Fee	
	Annual Special Event	\$55 per year	
	Quarterly Special Event	\$55 per quarter	
	Annual Public Event	\$1,000 per year	
	One-Time Public Event	\$255 per event	
	Charitable Auction	\$1 per auction	
	Charitable Alcoholic Beverage Event	\$55 per event	

Requirements: Must have Oklahoma State License issued prior to issuance of City License.

State License Number: _____

State Sales Tax Permit Number: _____

I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial, cancellation, suspension, or revocation of the business license and/or certificate of occupancy.

Applicant Signature

Date

To be completed if Owner is a Corporation or Partnership:

OFFICERS (name)	MAILING ADDRESS	PHONE #
President _____		
Vice President _____		
Secretary _____		
Treasurer _____		

501(c)(19): A Post or organization or past or present members of the United States Armed Forces, an auxiliary unit or society of such post or organization, or a trust or foundation for such post or organization.

Office Use Only:

Date Received: _____

Date Approved: _____

Approved by: _____

Reference Number: _____