Date: \_\_\_\_\_



## <u>CITY OF MIDWEST</u> <u>APPLICATION FOR RETAIL WINE LICENSE</u>

Name of Business:					
DBA:					
Physical Address:					
Federal Tax ID #:		Okla. Sales Tax #:			
Type of Business:		Type of Ownership:			
Business Phone #:		Emergency Phone #:			
Contact Person:	الم مله مله مله مله مله مله مله مله مله م	Ph **********	one #:	ر الله على	
		· · · · · · · · · · · · · · · · · · ·			
Business Phone # :		Home Phone # :			
Email Address:					
SSN:	DOB:	D.L. # :	State:	Exp Date:	
*******	******	***********	******	******	
Manager's Address:					
		D.L. # :			
OKLAHOMA ABLE	COMMISSION F	OR WINE:			
ABLE PERMIT #:			Exp Date:		
OKLAHOMA TAX (	COMMISSION:				
SALES TAX PERMIT #:			Exp Date:		
	(For	Office Use Only)			
City Retail Wine Lice	ense #:	Issuing Clerk: _		Date:	