



City Hall, Council Chambers
401 S. Johnstone Avenue
Bartlesville, OK 74003

**NOTICE OF SPECIAL MEETING
OF THE
BARTLESVILLE MUNICIPAL AUTHORITY**

**Monday, July 1, 2024
5:30 p.m.**

**Vice Chairman Jim Curd, Jr.
918-338-4282**

AGENDA

1. Call to order the business meeting of the Bartlesville Municipal Authority by Vice Chairman Curd.
2. Roll Call and Establishment of a Quorum.
3. The Invocation will be provided by Pastor Aaron Kirkpatrick, Adams Boulevard Church of Christ.
4. Citizens to be heard.
5. Discuss and take possible action to approve the Special Meeting Minutes of May 6, 2024.
6. Discuss and take possible action to authorize the City Manager or his designee to act on behalf of the Bartlesville Municipal Authority in submitting and processing an application for a Beer and Wine License for the Adams Municipal Golf Course. Presented by Laura Sanders, Assistant City Manager.
7. BMA Trustee Comments and Inquiries.
8. Adjournment.

The Notice of Meeting and Agenda was received and filed in the Office of the City Clerk and posted in prominent public view at City Hall at 5:30 p.m. on Thursday, June 27, 2024.

Jason Muninger

Jason Muninger, CFO/City Clerk

/s/ Elaine Banes

by Elaine Banes, Deputy City Clerk

Open Meetings Act Compliance (25 O.S. Sec. 301 et seq.): all discussion items are subject to possible action by the Bartlesville Municipal Authority (BMA). Official action can only be taken on items which appear on the agenda. The BMA may adopt, approve, ratify, deny, defer, recommend, amend, strike, or continue any agenda item. When more information is needed to act on an item, the BMA may refer the matter to the City Manager, Staff or City Attorney, or back to a committee or other recommending body. Under certain circumstance, items are deferred to a specific later date or stricken from the agenda entirely. Agenda items requiring a public hearing as required by law will be so noted. The BMA may at their discretion change the order of the business agenda items. City of Bartlesville encourages participation from all its citizens. If participation at any public meeting is not possible due to a disability, notification to the City Clerk at least one working day prior to the scheduled meeting is encouraged to make the necessary accommodations. The City may waive this rule if signing is not the necessary accommodation.



City Hall, Council Chambers
401 S. Johnstone Avenue
Bartlesville, OK 74003

**MINUTES OF THE
SPECIAL MEETING
OF THE
BARTLESVILLE MUNICIPAL AUTHORITY**

**Monday, May 6, 2024
5:30 p.m.**

**Chairman Dale Copeland
918-338-4282**

MINUTES

(The Notice of Meeting and Agenda were posted May 2, 2024 at 5:30 p.m.)

Trustees present were Chairman Dale Copeland, Vice Chairman Jim Curd, Jr., and Loren Roszel. Mr. Dorsey was absent.

City staff present were Mike Bailey, City Manager; Jess Kane, City Attorney; Jason Muninger, CFO/City Clerk; Laura Sanders, Assistant City Manager; Micah Siemers, Director of Engineering; Shellie McGill, Director of the Library and Museum; Kelli Williams, Chief Communications Officer; Larry Curtis, Director of Community Development; Alicia Shelton, Accountant; Kelsey Walker, Communications and Marketing Manager; Police Chief Kevin Ickleberry; Deputy Police Chief Troy Newell; Captain Andrew Ward; Fire Chief David Topping; Captain Travis Martinez, Security; and Elaine Banes, Executive Assistant.

- 1. The business meeting of the Bartlesville Municipal Authority was called to order at 5:30 p.m. by Chairman Copeland.**
- 2. Roll call was conducted and a quorum established.**
- 3. The invocation was provided by Pastor Chad Percival, East Cross Church.**
- 4. Citizens to be heard.**

There were no citizens to be heard.

- 5. Discuss and take possible action to approve the Special Meeting Minutes of April 15, 2024.**

Mr. Roszel moved to approve the minutes as presented, seconded by Vice Chairman Curd.

Ayes: Mr. Roszel, Vice Chairman Curd, Chairman Copeland

Nays: None

Motion: Passed

- 6. Discuss and take possible action to adopt the Bartlesville Municipal Authority FY 2024-25 Budget. Presented by Jason Muninger, CFO/City Clerk and Secretary to the Bartlesville Municipal Authority.**

Alicia Shelton, City Accountant, reported that the total appropriations for the Authority as a whole are \$109,523,378. These budgeted amounts are for construction, debt service, and to reimburse the Water and Wastewater Operating funds for operating costs. The main sources of revenue are water and sewer service fees. The BMA Budget can be approved by memo.

Vice Chairman Curd moved to adopt the BMA FY 2024-25 Budget as presented, seconded by Mr. Roszel.

Ayes: Vice Chairman Curd, Mr. Roszel, Chairman Copeland

Nays: None

Motion: Passed

7. BMA Trustee Comments and Inquiries.

There were no comments or inquiries.

8. There being no further business to address, Chairman Copeland adjourned the meeting at 5:36 p.m.

Dale W. Copland, Chairman
Bartlesville Municipal Authority

Jason Muninger, CFO/City Clerk
Secretary to the Bartlesville Municipal Authority



Agenda Item ____

July 1, 2024

Prepared by Laura Sanders, Assistant City Manager
Administration

BARTLESVILLE MUNICIPAL AUTHORITY

MEMORANDUM

TO: BMA Board of Trustees

FROM: Laura Sanders, Assistant City Manager

SUBJECT: Application for Beer and Wine License for Adams Municipal Golf Course

DATE: July 1, 2024

GENERAL INFORMATION:

The Bartlesville Municipal Authority (BMA) seeks approval to submit an application for a Beer and Wine License for the Adams Municipal Golf Course located at 5801 Tuxedo Blvd, Bartlesville, Oklahoma. This license is intended to enhance the amenities offered at the golf course, providing patrons with the option to purchase beer and wine while enjoying the facilities.

ACTION REQUESTED:

1. Approval for the BMA to apply for a Beer and Wine License for the Adams Municipal Golf Course.
2. Authorization for the City Manager or his designee to sign and submit all necessary application documents on behalf of the Authority.

RECOMMENDATION:

Staff recommends that the BMA Board of Trustees take the following actions:

1. Approve the submission of the Beer and Wine License application for the Adams Municipal Golf Course with the assistance of staff.
2. Authorize the City Manager or his designee to act on behalf of the BMA in all matters pertaining to the application process.

TRUSTEE ACTION REQUESTED:

Approve by motion the application for a Beer and Wine License for the Adams Municipal Golf Course and authorize the City Manager or his designee to act on behalf of the BMA in submitting and processing this application.

ATTACHMENTS:

1. Letter of Authorization
2. Example Beer and Wine License Application



**Office of the
Vice Mayor
City Hall, 401 S. Johnstone
Bartlesville, OK 74003
918.338.4282**

July 1, 2024

Alcoholic Beverage Laws Enforcement Commission (ABLE)
50 NE 23rd Street
Oklahoma City, OK 73105

Dear Members of the Alcoholic Beverage Laws Enforcement Commission,

The Bartlesville Municipal Authority (BMA) is formally submitting this application for a Beer and Wine License for the Adams Municipal Golf Course located at 5801 Tuxedo Blvd, Bartlesville, Oklahoma.

The BMA Board of Trustees has given authority to the City Manager or his designee to act on behalf of the Authority in matters pertaining to this application. This authorization ensures that the necessary steps can be taken to comply with all regulatory requirements and facilitate the licensing process.

Please find attached the required documents and completed application forms for your review. We are committed to upholding the standards and regulations set forth by the ABLE Commission and appreciate your consideration of this application.

Should you require any further information or clarification, please do not hesitate to contact our office.

Thank you for your prompt attention to this matter.

Sincerely,

Jim Curd
Vice-Chair
Bartlesville Municipal Authority
401 S. Johnstone Ave.
Bartlesville, OK 74003
Phone: (918) 338-4282



**ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION**

50 NE 23rd Street
Oklahoma City, OK 73105
(405) 521-3484

BEER AND WINE LICENSE APPLICATION CHECKLIST

Before completing the application packet read the information below:

- The building location must be completely constructed or within 60 days of completion of construction in order to apply for a license.
- **Both the application pages and additional items required must all be completed and provided for filing or the application will not be accepted (only exception; the certificate of compliance can be provided prior to license issuance).**
- The application will be reviewed and under investigation upon filing of application online.
- The license fee is due upon filing the application online by credit card or debit card **only**.
- Contact the ABLE Commission office for questions or general information at (405) 521-3484 or visit our website at <https://oklahoma.gov/able-commission.html>

Additional items an individual Sole Proprietor must provide:

- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- A Certificate of Compliance from the city or county where the business is located stating all building codes for zoning, fire, safety, and health are in compliance or are not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for each partner.

**ADDITIONAL ITEMS FOR CORPORATIONS, LIMITED LIABILITY COMPANIES,
PARTNERSHIPS AND TRIBES OR TRIBAL CORPORATIONS ARE LISTED UNDER THEIR
RESPECTIVE SECTIONS IN THE FOLLOWING APPLICATION.**



**ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION**

50 NE 23rd Street
Oklahoma City, OK 73105
(405) 521-3484

BEER & WINE LICENSE APPLICATION

Please complete the entire form. Additional information may be required prior to the issuance of any license.

BEER AND WINE LICENSES AND FEES

Beer and Wine License - \$525

| | | | |
|---|--|--------------------------|------------|
| 1. Primary Business at this Location | | | |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Nail Salon | | |
| <input type="checkbox"/> Wedding Venue | <input type="checkbox"/> Wine & Palette | | |
| <input type="checkbox"/> Motion Picture Theater | <input type="checkbox"/> Cooking School (Higher Education) | | |
| <input type="checkbox"/> Event Center | <input type="checkbox"/> Other _____ | | |
| 2. DBA Name of Location | | | |
| 3. Location Address | | | |
| City | County | State | Zip |
| 4. Mailing Address | | | |
| City | County | State | Zip |
| 5. Business Phone Number | 6. Alternate Phone Number | 7. E-mail Address | |

OWNER INFORMATION

| | |
|---|--|
| 8. Type of Owner | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Tribe |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Tribal Corporation/Entity |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Corporation | |
| 9. Business Owner/Applicant | |
| 10. Federal Employer Identification Number | |

OWNER INFORMATION

| | | | |
|---|--------|--|--------|
| 11. Was Premises Previously Licensed by the Commission <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, to Whom? | | Type of License | |
| 12. Application Contact Person DANIEL DUNHAM | | | |
| Application Contact Address 5900 SE 15 TH ST MWC, OK 73110 | | | |
| Application Contact Phone Number 405-600-9718 OR B. FRALEY 405-761-2696 | | | |
| Application E-Mail Address for Correspondence BFRAYLEY@NASHBIRDCHICKEN.COM | | | |
| 13. Is your business located within 300 feet of a church or public school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 14. Where did your funding for this business originate? Check and list all that apply. | | | |
| INVESTMENT TYPE | AMOUNT | INVESTMENT TYPE | AMOUNT |
| <input type="checkbox"/> Ongoing Business Funds | \$ | <input type="checkbox"/> Cash/Personal Funds | \$ |
| <input type="checkbox"/> Promissory Note | \$ | <input type="checkbox"/> Services | \$ |
| <input type="checkbox"/> Loan | \$ | <input type="checkbox"/> Equipment | \$ |
| <input type="checkbox"/> Gift | \$ | <input type="checkbox"/> Operating Capital | \$ |
| <input type="checkbox"/> Other | \$ | | |

I, DANIEL DUNHAM, being duly sworn upon oath deposes and says: That he/ she is the applicant who makes the above and foregoing application, that he/she has read and signed the same; knows the contents thereof and that all statements therein contained are true. Applicant(s) certifies that the statements and representations made herein are true and correct and consents that if any statements and representations herein are found to be false or omitted, that the Director may refuse to issue said license or may cause such license to be revoked forthwith at any time. He/She further agrees that he/she has filed all appropriate property with the County Assessor and that all ad valorem taxes assessed on his/her property, both real and personal, and wherever situated in the state of Oklahoma, have been paid.

Signature of Applicant(s)

CORPORATION / NON PROFIT ORGANIZATION

Corporations must complete this section and provide the following items:

- A Certificate of Good Standing from the Oklahoma Secretary of State. Contact (405) 521-4211
- A Certificate of Incorporation from the Secretary of State.
- A copy of Minutes Electing Corporate Officers, Directors, Stockholders, and applying for a license with ABLE.
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- A Certificate of Compliance from the city or county where the business is located stating all building codes for zoning, fire, safety, and health are in compliance or not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for the Corporation.
- *Not for profit & 501(c)(3) organizations are only required to list Officers, not Directors or Stockholders.*
- *Only Stockholders owning 15% or more are required to be reported for Corporations.*

| | | |
|---|----------------------|------------------------|
| 1. Federal Employer Identification Number | | |
| 2. Business Entity Name | | |
| 3. No. of Shares Authorized to Issue | No. of Shares Issued | No. of Shares Unissued |
| 4. Service Agent | | Service Agent Address |

CORPORATE OWNERSHIP INFORMATION

| | | | |
|--|---------------------------|------------------------|---------------|
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |

CORPORATE OWNERSHIP INFORMATION (continued)

| | | | |
|--|---------------------------|------------------------|---------------|
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | No. of Shares |

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

LIMITED LIABILITY COMPANY

Limited Liability Companies must complete this section and provide the following items:

- A Certificate of Good Standing from the Oklahoma Secretary of State. Contact (405) 521-4211
- A copy of the Articles of Organization filed with the Secretary of State.
- A copy of LLC Operating Agreement including the schedule or attachment showing membership interest.
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- A Certificate of Compliance from the city or county where the business is located stating all building codes for zoning, fire, safety, and health are in compliance or not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for the LLC.

| | |
|--|---|
| 1. Federal Employer Identification Number | |
| 2. Business Entity Name | |
| 3. No. of Memberships or Units Issued | 4. Member Managed or Manager Managed <input type="checkbox"/> Member Managed <input type="checkbox"/> Manager Managed |
| 5. Resident Agent Name | |
| Resident Agent Address | |

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

| | | | |
|--|----------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION (continued)

| | | | |
|--|---------------------------|------------------------|-----------------------|
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |
| <input type="checkbox"/> Manager <input type="checkbox"/> Member | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % Membership or Units |

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

PARTNERSHIP

Partnerships, Limited Partnerships or General Partnerships must complete this section and provide the following items:

- A Certificate of Partnership from the Oklahoma Secretary of State. Contact (405) 521-4211
- A copy of the Partnership Agreement listing all partners and the amount of interest each partner owns.
- A Certificate of Liability Insurance showing coverage for both bodily injury and property damage.
- A deed, lease, management agreement, or sales contract.
- A Certificate of Compliance from the city or county where the business is located stating all building codes for zoning, fire, safety, and health are in compliance or not required.
- A Tax Statement from the County Treasurer's office stating no real or personal property taxes are owed for each partner.

| | |
|--|------------------------------|
| 1. Federal Employer Identification Number | |
| 2. Business Entity Name | |
| 3. Service Agent | Service Agent Address |

PARTNERSHIP INFORMATION

| | | | |
|---|----------------------------------|-------------------------------|----------------------|
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEIN # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |

PARTNERSHIP INFORMATION (continued)

| | | | |
|---|---------------------------|------------------------|---------------|
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |
| <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | Birthdate (mm/dd/yyyy) | % of Interest |

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

TRIBE/TRIBAL CORPORATION

Tribes or Tribal Corporations must complete this section and provide the following items:

- You must submit a copy of any executed Management Agreements.
- You must submit a copy of the trust document or deed for the property.
- You must submit a letter from the tribe stating whether or not they require building code inspections or stating the location meets zoning, fire, safety, and health codes.
- You must submit a letter from the tribe stating all real and personal property taxes have been paid or their tax status is tax-exempt.
- You must submit a letter from the Intertribal Commission approving the tribal gaming compact.
- You must submit a copy of a signed and completed Tribal Gaming Compact.
- You must submit a copy of the tribal rules, regulations, laws, or ordinances related to alcoholic beverages.

| | |
|--|------------------------------|
| 1. Federal Employer Identification Number | |
| 2. Name of Tribe or Tribal Entity | |
| 3. Service Agent | Service Agent Address |

TRIBE/TRIBAL OWNERSHIP INFORMATION

| | | | |
|-----------------------------------|----------------------------------|------------------|-------------------------------|
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |

TRIBE/TRIBAL OWNERSHIP INFORMATION (continued)

| | | | |
|-----------------------------------|---------------------------|-----------|------------------------|
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |
| ☉ Tribal Committee Officer | | | |
| First Name or Entity Name | MI | Last Name | Title |
| SSN or FEI # | Drivers License No./State | | Birthdate (mm/dd/yyyy) |

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

INDIVIDUAL PERSONAL HISTORY

MUST BE COMPLETED BY ALL APPLICANTS:

Individuals, partners, corporate officers, directors, stockholders, LLC managers, LLC members, tribal members, trustees, etc.

- Please complete all fields and answer all questions.
- Any false statement will disqualify you and subject you to prosecution under Oklahoma State law.

| |
|-------------------------|
| 1. DBA Name of Location |
| 2. Location Address |

APPLICANT

| | | | |
|---------------------------|--------------------------------|--|---------------------------|
| 1. First Name | 2. MI | 3. Last Name | 4. Birthdate (mm/dd/yyyy) |
| 5. Social Security Number | 6. Drivers License No. / State | 7. Place of Birth (City, State, Country) | |
| 8. Sex | 9. Height | 10. Weight | 11. Hair Color |
| 12. Eye Color | | | |
| 13. Home Phone | | 14. Business Phone | |
| 15. Email Address | | | |

RESIDENTIAL ADDRESS

16. List residential addresses for the past (5) years starting with the current address. Attach a separate sheet if necessary.

| NUMBER AND STREET | CITY, STATE, ZIP | FROM (mm/yyyy) | TO (mm/yyyy) |
|-------------------|------------------|----------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
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RESIDENT STATUS

| | |
|---|--|
| 17a. Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No | 17b. If "Yes", answer the following <input type="radio"/> Native Born <input type="radio"/> Naturalized |
| 17c. If "Naturalized" provide the "A" number? | 17d. If "NO" what is your legal status in the U.S.? |
| 17e. Provide all documents such as Visa, Resident Alien or Employment Authorization Documents | |

CURRENT EMPLOYMENT

| | | |
|-----------------------|--------------------|--------------|
| 18a. Name of Employer | Employer's Address | |
| Title | From (mm/yyyy) | To (mm/yyyy) |

INDIVIDUAL QUESTIONNAIRE

| | | | |
|--|----------------|-------------------|--|
| 19a. Have you ever been convicted of, pled guilty to or nolo contendere to a felony? <input type="radio"/> Yes <input type="radio"/> No | | | |
| 19b. Have you been convicted of any crime, violation or infraction of any law? <input type="radio"/> Yes <input type="radio"/> No | | | |
| 19c. Are there presently pending against you any criminal charges? <input type="radio"/> Yes <input type="radio"/> No | | | |
| 19d. Have you ever been convicted of a violation of any state or federal law relating to alcoholic beverages, or forfeited any bond while any such charge was pending against you? <input type="radio"/> Yes <input type="radio"/> No | | | |
| 19e. If you have answered "Yes" to 19a through 19d, list below | | | |
| OFFENSE | DATE | CITY/COUNTY STATE | DISPOSITION (fine, probation, incarceration) |
| | | | |
| | | | |
| 20. Are you presently or have you been licensed or employed in the liquor business? <input type="radio"/> Yes <input type="radio"/> No | | | |
| LICENSE TYPE | LICENSE NUMBER | WHEN | LOCATION |
| | | | |
| 21. Have you ever received a warning, a notice of violation, suspension, fine or revocation as a licensee? <input type="radio"/> Yes <input type="radio"/> No | | | |
| WHEN | LOCATION | | |
| | | | |
| 22. Have you ever been refused a license to sell, serve or dispense alcoholic beverages? <input type="radio"/> Yes <input type="radio"/> No | | | |
| WHEN | LOCATION | | |
| | | | |
| 23. Have you ever held or do you hold any financial interest in any liquor enterprise (manufacturing, importing, wholesale or retail)? <input type="radio"/> Yes <input type="radio"/> No | | | |
| WHEN | LOCATION | | |
| | | | |
| 24a. Is your spouse or any family member(s) working in any area of the liquor industry? <input type="radio"/> Yes <input type="radio"/> No | | | |
| 24b. If yes, for whom? | | | |
| | | | |

INDIVIDUAL QUESTIONNAIRE (continued)

| |
|---|
| <p>25a. Are you a member of any board or commission, or an agent or an employee of the state of Oklahoma or any political subdivision thereof? (County, City, Town or School District) <input type="radio"/> Yes <input type="radio"/> No</p> |
| <p>25b. If yes, explain</p> |
| <p>26a. Do you individually, or the legal entity to be licensed, have any right, title, lien, claim or other interest, financial or otherwise, in, upon or to the premises, equipment, business of any ABLÉ Commission License? <input type="radio"/> Yes <input type="radio"/> No</p> |
| <p>26b. If yes, explain</p> |
| <p>27a. Does your interest result in exercise of control over, or participation in the management of the manufacture or wholesaler's business or business decisions? <input type="radio"/> Yes <input type="radio"/> No</p> |
| <p>27b. If yes, explain</p> |
| <p>28a. Are you a law enforcement official, a peace officer engaging in law enforcement activities or a person who appoints law enforcement officials? <input type="radio"/> Yes <input type="radio"/> No</p> |
| <p>28b. If yes, explain</p> |
| <p>29. Are you an employee of or related to any member of the ABLÉ Commission or to the Director or Assistant Director by affinity or consanguinity within the third degree? <input type="radio"/> Yes <input type="radio"/> No</p> |
| <p>30. Are you a judge, district attorney or public official who sits in a judicial capacity with jurisdiction over the Oklahoma Alcoholic Beverage Control Act? <input type="radio"/> Yes <input type="radio"/> No</p> |
| <p>31. Are you an employee of the Oklahoma Tax Commission engaging in auditing, enforcing or collecting of alcoholic beverage taxes? <input type="radio"/> Yes <input type="radio"/> No</p> |

I, _____, under penalty of law, swear that I have read all information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges being filed against me. I also authorize the ABLÉ Commission to use all legal means to verify the information provided. I authorize any person or organization listed in this application to provide information about me to an Agent of the Oklahoma Alcoholic Beverage Law Enforcement Commission on a confidential basis, including bank and financial records, criminal history records, driving records, tax records and any other information relating to character or fitness for a liquor license. I will immediately notify the ABLÉ Commission if a Licensee-Wholesaler connection as described in the questionnaire above exists or is contemplated in my business.

Signature of Applicant(s)

Title

LOCATION DIAGRAM

Draw or attach a diagram of the licensed premises. The diagram should include the following: outside dimensions, rooms, doorways, bars and liquor storage areas. DO NOT SUBMIT BLUEPRINTS

NOTICE OF INTENTION TO APPLY FOR AN ALCOHOLIC BEVERAGE LICENSE

1. Complete in detail
2. Copy to newspaper for publication
3. Said notice shall be published in not less than 2 column inches in a legal newspaper of general circulation in the county in which licensed premises are to be located.
4. The notice will be twice published, once every eight (8) days for two (2) successive weeks.
5. Submit original with application.

In accordance with Title 37, Section 522 and Title 37A, Section 2-141

_____ name and address of individual, partners, limited partnership, corporation, limited liability company, tribe or tribal corporation

a/an _____ hereby publishes
Individual, partnership, limited partnership, corporation, limited liability company, tribe or tribal corporation

notice of _____ intention to apply within sixty days from this date to the Oklahoma Alcoholic
his, her, its, their

Beverage Laws Enforcement Commission for a _____
Beer and Wine

License under authority of and in compliance with the said Act: That _____ intend(s), if granted
he, she, it, they

such license to operate as a _____ establishment
Beer and Wine

with business premises located at _____

in _____, _____, Oklahoma under the business name of
City County

Dated this _____ day of _____, 20_____

Signature of applicant(s): if partnership, all partners must sign. If corporation, an officer of the corporation must sign. If limited liability company, a manager must sign. If tribe, a tribal member must sign.

County of _____, State of _____

Before me, the undersigned notary public, personally appeared:

to me known to be the person(s) described in and who executed the foregoing application and
acknowledged that _____ executed the same as _____ free act and deed.
he, she, they his, her, their

Notary Public My commission expires _____

PROOF OF PUBLICATION

1. Attach a copy of each run of the publication.
2. Submit original completed proof of publication with application.
3. You may submit the publisher's affidavit form in place of the above affidavit.

I do hereby declare, under penalty of perjury, that _____
Name of legal newspaperdid cause to be published in a legal newspaper of general circulation in the county of _____ located in the city of _____, Oklahoma by causing the same to be published on the _____ day of _____, 20____ and on the _____ day of _____, 20____, a notice of intention to apply for an ABLE Commission License, and that a true copy of said notice is attached and made a part hereof.

Legal representative of the newspaper

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires