

CITY OF NORMAN

**APPLICATION FOR RETAIL WINE
(OCCUPATIONAL TAX)**

Name of Business _____

Location Address _____

Telephone Number _____

Name of Owner* (if Corporation or partnership, state name)

Mailing Address _____

Telephone Number _____ City State Zip Code

Email Address _____

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

ABLE License Number _____

OTC Sales Tax Permit No. _____

Applicant's Signature

(Office Use Only)

City Permit No. _____

Date Issued _____

*** IF CORPORATION, COMPLETE BACK SIDE OF APPLICATION.**

TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER
