

**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 \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone Number \_\_\_\_\_

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

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(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

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