

**CITY OF NORMAN**

**APPLICATION FOR BREW PUB  
(OCCUPATIONAL TAX)**

Name of Business (d/b/a) \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_  
Email Address

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

State License Number \_\_\_\_\_

\_\_\_\_\_  
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

President

Vice President

Secretary

Treasurer