

CITY OF NORMAN

RETAIL SPIRITS STORE CERTIFICATE OF COMPLIANCE

- 1. Name of Owners of Business _____
- 2. Name of Business _____
- 3. Kind of Business _____
- 4. Street or Rural Address of Business _____
- 5. City _____ County _____ State _____ Zip Code _____
- 6. Mailing Address _____
- 7. Telephone Number _____

All provisions regarding zoning requirements as required by the Code of the City of Norman are in compliance.

Planning Department Date	
201 West Gray, Bldg. "A"	366-5432

Remarks: _____

All provisions regarding building codes as required by the Code of the City of Norman are in compliance.

_____	_____
Building Inspection Division	Date
201 West Gray, Bldg. "A"	366-5339

Remarks: _____

All provisions regarding fire requirements as required by the Code of the City of Norman are in compliance.

_____	_____
Fire Inspector	Date
415 East Main	292-9780

Remarks: _____

All provisions regarding food service requirements as required by the Code of the City of Norman are in compliance.

_____	_____
Cleveland County Health Dept.	Date
250 12th Avenue N.E.	321-4048

Remarks: _____

After all signatures are obtained, the Certificate of Compliance needs to be submitted to:

ABLE Commission
 3812 N. Santa Fe, Suite 200
 Oklahoma City, OK 73118
 405-522-3033
 www.ok.gov/able/

The City of Norman Retail Spirits Store Permit needs to be obtained after State License is issued.