

**CITY OF NORMAN
APPLICATION FOR WINE AND BEER
(OCCUPATIONAL TAX)**

Name of Business _____

Address _____ Telephone Number _____

Name of Owner * (If Corporation or Partnership, state name)

Address _____ Telephone Number _____

Name of Manager _____ Telephone Number _____

Address of Manager _____
City Zip Code

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

State License Number _____

State Sales Tax Permit No. _____

Applicant's Signature

(Office Use Only)

City Permit No. _____

Date Approved _____

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

TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER
