



**City of Yukon**  
**Community Development**  
 P.O. Box 850500 - (10 S 5th St..)  
 Yukon, OK 73085  
 Office - 405-354-6676  
 Fax - 405-350-8929

## LIQUOR STORE BUSINESS LICENSE APPLICATION

**Required Items– Please fill out all other applicable items**

Business Information	♦ Trade (DBA) Name of Business				
	♦ Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	♦ Business Location Address (No PO Box)		♦ City	♦ State	♦ Zip + 4
	♦ Mailing Address		♦ City	♦ State	♦ Zip + 4
	♦ Local Business Phone	♦ Local Fax	♦ Main Office Phone	♦ Main Office Fax	
	♦ Main Office Email		♦ Federal Identification Number		
	♦ Contact Name		♦ Sales Tax Number		
	♦ Contact Phone Number	♦ Contact Fax	♦ Contact Cell Phone Number		
	♦ Contact Email				

Ownership Information	♦ Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Other Non Profit <input type="checkbox"/> Other _____					
	♦ COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (use additional sheet if necessary)					
	1) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone
	2) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone
	3) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone

(Complete Reverse Side of this page)

**General Business Info**  
(Businesses located in a commercial area of the Town must fill out all items in this section)

♦ Specify Items sold and/or services Performed:

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♦ Type of Business (check all that apply)

<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Home Occupation
<input type="checkbox"/> Communications	<input type="checkbox"/> Medical	<input type="checkbox"/> Mail/Internet Order	<input type="checkbox"/> Leasing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office Only

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♦ Start Date of Business	♦ Square feet of Location	♦ Number of Employees at Location	♦ Managers Name at Location
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♦ Do you own or lease your building?  Own  Lease

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♦ Owner of Building Name:

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♦ Owner of Building Address:	♦ City	♦ State	♦ Zip + 4
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♦ Building Owner Phone Number	♦ Building Owner Fax	♦ Building Owner Email
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**Emergency Information**

♦ 24 Hour Emergency Contact Name:

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Emergency Phone Number	Emergency Cell Phone Number	
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♦ 24 Hour Emergency Contact Name (Alternate):

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Emergency Phone Number	Emergency Cell Phone Number	
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**Alarm System**

♦ Company Name who monitors Alarm:

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♦ Company Address:	♦ City	♦ State	♦ Zip + 4
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Phone Number	Activated <input type="checkbox"/>	Not Activated <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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**Sec. 6-45. Application for certificate; investigations; issuance of certificate of zoning and certificate of compliance; definitions.**

(a) Every applicant for a certificate of compliance with the zoning, fire, health and safety codes of the city required by 37 O.S. § 1 et seq. shall apply at the office of the city clerk by:

(1) Filing a written application on forms prescribed by that office; and

(2) Paying a verification and certification fee in the amount of \$150.00 at the time of filing.

(b) Upon receipt of an application for a certificate of compliance the city clerk shall cause an investigation to be made to determine whether the premises proposed for licensed operations comply with the provisions of the zoning ordinance and any health, fire, building and other safety codes applicable to it.

(c) The city clerk shall act on all such applications within 20 days of receipt thereof.

(d) Upon finding that the premises of an applicant for a certificate is in compliance with all applicable zoning ordinances, a certificate of zoning shall be issued to the ABLÉ commission.

(e) Upon finding that the premises of an applicant for a certificate is in compliance with all applicable fire, safety, and health codes, a certificate of compliance shall be issued to the ABLÉ commission.

(f) The above certificates of compliance shall be signed by the mayor.

(Code 1975, § 3-33)

**Signature**

Notice: This license will be revoked if this form with the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business use within the City of Yukon and will observe and conform in all respects to said ordinances. I declare under penalty of perjury, that his application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

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♦ Applicants Signature	♦ Printed Name	♦ Date
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