



DEVELOPMENT
SERVICES

P.O. Box 850500 - (334 Elm Ave)
Yukon, OK 73085 (73099)
Office - 405-354-6676
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www.yukonok.gov

| FOR CITY USE ONLY | |
|-------------------|----------------|
| NAICS CODE _____ | ZONING _____ |
| FIRE _____ | PLANNING _____ |

ALCOHOLIC BEVERAGE LICENSE APPLICATION

| | | | | | |
|-----------------------------|---------------------------------------|-------------|-------------------------------|-----------------|---------|
| Business Information | Name of Business | | | | |
| | 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 Email | | |

| | | | | |
|--------------------|---|--|--|--|
| Information | COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, OR MANAGER | | | |
| | Name | | | |
| | Address | | | |
| | Contact Phone Number & Email | | | |
| | Specify Items Sold and/ or Services Performed: (example: mixed, beer, wine, catering) | | | |

| | | | |
|------------------|--------------------------------|-----------------------------|--|
| Emergency | 24 Hour Emergency Contact Name | | |
| | Emergency Phone Number | Emergency Cell Phone Number | |

| | | | |
|------------------|---|------|--|
| Signature | Notice: This license will be revoked if this form and all 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 this 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. | | |
| | Applicants Signature | Date | |