

LOW-POINT BEER APPLICATION

CITY OF NORMAN

1. Name of Business _____

2. Owner of Business (if Corp., give Corp. Name)_____

3. MANAGER (Name) _____ TELEPHONE NUMBER

4. Business Telephone Number _____

5. Type of Business _____

6. Class of License Needed: _____ Class I on premises
_____ Class I on premises - 21 and over
_____ Class II off premises only

7. Street Address of Business _____

8. Mailing Address _____

City _____ County _____

State _____ Zip Code _____

9. State Low-Point Beer License Information: Number of State License _____

Names of Owners on State License _____

Expiration Date _____ Date of Issuance _____

10. County Low-Point Beer License Information: Number of County License _____

Names of Owners on County License _____

Expiration Date _____ Date of Issuance _____

11. State Sales Tax Permit No. _____

All provisions regarding zoning requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a low point beverage license.

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

Remarks: _____

All provisions regarding building codes as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a low point beverage license.

Building Inspection Division 201 West Gray, Building "A"	Date 366-5339
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Remarks: _____

All provisions regarding sign codes as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a low point beverage license.

Sign Inspector 201 West Gray, Building "A"	Date 366-5432
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Remarks: _____

All provisions regarding fire requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a low point beverage license.

Fire Inspector 415 East Main	Date 292-9780
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Remarks: _____

All provisions regarding food service requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for low point beverage license.

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

I, the undersigned, do hereby agree to comply with all requirements regarding my establishment as required by the Code of the City of Norman.

Signature of Applicant	Date
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LOW-POINT BEER APPLICATION
TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER

President

Vice President

Secretary

Treasurer
