

**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

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(Office Use Only)

City License No. \_\_\_\_\_

Date Approved \_\_\_\_\_

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

**TO BE COMPLETED IF CORPORATION OR PARTNERSHIP**

OFFICERS

(Name)

MAILING ADDRESS

TELEPHONE NUMBER

President

Vice President

Secretary

Treasurer