

FOR FACILITY LICENSE APPLICATIONS, THE FACILITY MUST PROVIDE THE FOLLOWING INFORMATION:

Establishment Name: _____

Description of Premises: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different): _____

City: _____ **State:** _____ **Zip Code:** _____

EMPLOYEES SEEKING AN EMPLOYEE LICENSE AND GENERAL MANAGERS OF FACILITIES SEEKING FACILITY LICENSES MUST ANSWER EACH OF THE FOLLOWING QUESTIONS. EACH "YES" ANSWER REQUIRES AN EXPLANATION.

1. **Have you ever been convicted of a felony or a crime of moral turpitude?**
YES _____ NO _____
If YES, for what, where (city, county, state) and when convicted: _____

2. **Have you ever been convicted of or pled guilty or nolo contendere to violating any law related to alcoholic beverages or gambling?** YES _____ NO _____
If YES, for what, where (city, county, state) and when convicted? _____

3. **Have you ever had an alcoholic beverage license revoked in Oklahoma?**
YES _____ NO _____ If YES, where (city, county, state) and when revoked? _____

4. **Do you currently hold a retail liquor dealer's permit or license from the U.S. Government?** YES _____ NO _____

5. **Are you duly licensed by the State of Oklahoma to sell alcoholic beverages?**
YES _____ (must provide license) NO _____

AFFIRMATIONS: By signing this application, I hereby affirm under penalty of law that the foregoing information is true, and I voluntarily consent to the civil jurisdiction of the Wichita and Affiliated Tribes, Wichita Tax Commission, and the Court of Indian Offenses for the Wichita and Affiliated Tribes, Anadarko, Oklahoma.

I FURTHER AGREE TO:

1. Abide by all applicable laws of the Wichita & Affiliated Tribes.
2. Timely pay all taxes due and timely file a Tax Remittance Report.
3. Respond in a timely manner to requests by the Tax Commission for information.
4. Accept service of process in matters arising from or related to the conduct of business related to this license.

- 5. Authorize the Wichita Tax Commission to conduct an on-site audit of my establishment and to inspect and obtain records within my control as necessary for audit purposes or to determine compliance with the Liquor Ordinance and Wichita Tax Codes.

I further acknowledge that such license, if granted, is non-transferable and non-assignable, and that neither the Wichita & Affiliated Tribes nor the Wichita Tax Commission shall be responsible for defending me in proceedings brought by federal, state or local governments for the enforcement of tax or other laws, If I am named as a Defendant in any criminal proceedings, I will notify the Wichita Tax Commission immediately and provide the Tax Commission with a copy of the court document.

APPLICANT SIGNATURE _____

Print Name	Title	Date
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I authorize the Wichita Tax Commission to perform a background check on me.

Applicant Signature	Title	Date
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FOR OFFICIAL USE ONLY

Application's Determination:

Approved: _____ Rejected: _____

License Number: _____

Authorizing Official: _____
(Please Print)

Signature: _____ Date: _____

ADDITIONAL COMMENTS: _____

