

CITY OF MIDWEST CITY
APPLICATION FOR SERVING NON-INTOXICATING BEVERAGES

DATE: _____
NAME OF ESTABLISHMENT: _____

DBA: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: Midwest City STATE: OK ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE NUMBER: _____

EMERGENCY PHONE: _____

CONTACT PERSON _____ PHONE: _____

OWNER'S NAME: _____

OWNERS' ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

SSN: _____ DOB: _____ DRIV LIC. #: _____

Expiration Date: _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SSN: _____ DOB: _____

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(FOR OFFICE USE ONLY)
COUNTY BEVERAGE PERMIT EXPD: Y N
LOW POINT BEER PERMIT EXPD: Y N
SALES TAX PERMITS EXPD? Y N

_____ CITY
BEER LISCENSE # ISSUING CLERK DATE

