



CITY OF MIDWEST
APPLICATION FOR SERVING NON-INTOXICATING BEVERAGES
NEW APPLICATION

DATE: _____

NAME OF ESTABLISHMENT: _____

DBA: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: MWC STATE: OKC ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FEDERAL TAX ID NUMBER: _____ - _____

OKLAHOMA SALES TAX NUMBER: _____

TYPE OF ESTABLISHMENT: _____

TYPE OF OWNERSHIP: _____

BUSINESS TELEPHONE NUMBER: _____

EMERGENCY PHONE: _____

CONTACT PERSON: _____ PHONE: _____

OWNER'S NAME: _____

OWNER'S ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

BUSINESS TELEPHONE: _____

SSN: _____ DOB: _____ DRIV LIC: _____ State: _____

Expiration Date: _____

MANAGER'S NAME:

ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **SSN:** _____ **DOB:** _____

COUNTY BEVERAGE PERMIT:

COUNTY PERMIT #: BV- _____ **-** _____ **EXP. DATE:** _____

OKLAHOMA TAX COMMISSION:

LOW POINT BEER LICENSE #: _____ **EXP. DATE:** _____

.....
(For Office Use Only)

Active Utility Service: Y N **Certificate of Occupancy:** Y N

Copy of County & OK Tax Commission Permits: Y N

Is the business is starting after Jan. 31st? Y N
(Prorate charge to 1/2 of license fee will expire still on June 30th of the same year.)

City Beer License #: _____ **Issuing Clerk** _____