



**CITY OF MIDWEST**  
**APPLICATION FOR PACKAGE STORE RENEWAL**

DATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS OF ESTABLISHMENT: \_\_\_\_\_

CITY: MWC STATE: OKC ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

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OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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MANAGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

(Please Include a Copy of Your ABLE license and State Sales Tax Permit along with your application.)

**STATE LICENSE:**

**Alcoholic Beverage Laws Enforcement Commission License Number and expiration date:**

\_\_\_\_\_ **EXP:**

**OKLAHOMA SALES TAX NUMBER:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

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(For Office Use Only)

City Package Store License #: \_\_\_\_\_ Issuing Clerk \_\_\_\_\_