



**CERTIFICATE OF COMPLIANCE  
APPLICATION  
for a Beverage License**

City of Choctaw  
2500 N. Choctaw Road  
PO Box 567  
Choctaw, OK 73020  
(405) 390-8198

Name of Business: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Type of Ownership: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Type of ABE License applying for: \_\_\_\_\_

I, the undersigned as owner or proper agent, request that the City of Choctaw verify that my business, which is involved in the sale of alcoholic beverages, is in compliance with all City of Choctaw's applicable zoning, fire, safety and health codes. This request is submitted in order that I may obtain the Certificate of Compliance (as referenced below) to attach to my application to be submitted to the ABE Commission. (Please note: Liquor Stores (Package Stores) must be owned by an individual. They cannot be owned by a corporation, LLC, etc.)

I swear, by my signature, everything listed above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner/Proper Agent

\_\_\_\_\_  
Date

(For Official Use Only)

**\*Planning**

The above establishment  does  does not meet requirements of the City of Choctaw for Selling and / or Serving alcoholic beverages.

Comments: \_\_\_\_\_

Approved [ ] Denied [ ]

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

**\*Fire**

The above establishment  does  does not meet requirements of the City of Choctaw for Selling and / or Serving alcoholic beverages.

Comments: \_\_\_\_\_

Approved [ ] Denied [ ]

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date