

# OKLAHOMA TAX COMMISSION NOTIFICATION OF BUSINESS ADDRESS CHANGE

## I. INFORMATION

Name of Permit Holder: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_  
Trade Name/DBA of Business: \_\_\_\_\_ Store Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

## II. TAX TYPES

Tax types for which the new address is applicable: (provide the permit or account number for each)

Sales: \_\_\_\_\_ Use: \_\_\_\_\_ Cigarette: \_\_\_\_\_ Tobacco: \_\_\_\_\_  
Beer\*: \_\_\_\_\_ Mixed Beverage\*\*: \_\_\_\_\_ Withholding: \_\_\_\_\_  
Waste Tire: \_\_\_\_\_ Franchise: \_\_\_\_\_ Other: \_\_\_\_\_

Your cigarette license, beer license, sales tax permit and mixed beverage license are transferable to your new business location without an additional fee subject to the limitation stated below.

- a. \* Beer License. You **must** obtain a new county beer license or obtain an amended county license from the county clerk for the new location (**A copy must be attached to the application**) before the permit can be transferred to the new location.
- b. \*\* Mixed Beverage. You **must** obtain permission from the ABLE Commission to change the location for your mixed beverage permit. Upon approval from the ABLE Commission, we will process the transfer of your permit.

## III. BUSINESS INFORMATION

OFFICE USE ONLY  
COPO: 

--	--	--	--

Is this a change of mailing address?  Yes  No  
Is this a change of physical location?  Yes  No

### A) NEW MAILING ADDRESS OF BUSINESS:

Street Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### B) PREVIOUS LOCATION OF BUSINESS:

Street Address: (do not use PO Box or rural route number) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_

### C) NEW LOCATION OF BUSINESS:

Street Address: (do not use PO Box or rural route number) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_

### D) NEW LOCATION INFORMATION:

Check here if in City Limits:  Effective Date of New Location: \_\_\_\_\_  
Are all the sales and/or deliveries made inside the city limits of the city listed above?  Yes  No  
Are all the sales and/or deliveries made inside the county limits of the county listed above?  Yes  No

## IV. SIGNATURE

*I declare that the information contained in this application and any attachment is true and correct to the best of my knowledge.*

Authorized Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail To:**  
OKLAHOMA TAX COMMISSION  
POST OFFICE BOX 26920  
OKLAHOMA CITY, OK 73126-0920