

**MBL**

**OKLAHOMA TAX COMMISSION  
APPLICATION FOR OFF-PREMISES PERMIT  
TO DISPLAY AND SELL NEW BOATS AND MOTORS**

**Fee: \$50.00**

Remittance Must  
Accompany This  
Application

**NOTE: A licensed dealer whose dealership is located within a twenty-five (25) mile radius  
of an off-premises show is not required to have this permit.**

**WARNING: If this application is not received in this office at least seven (7) calendar days  
prior to the show, the permit will not be issued.**

Fee must accompany application. Social Security Number or other identifying number must appear on the check.

FEIN/SSN: \_\_\_\_\_ Oklahoma Dealer's License Number: **OK** \_\_\_\_\_ **DL** \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Business/DBA: \_\_\_\_\_

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Location of Off-Premises Show: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates of Off-Premises Show: (Beginning) \_\_\_\_\_ (Ending) \_\_\_\_\_

Have you been issued a permit within the past forty-five (45) days for this location? Yes  No   
(A permit will not be issued if you have obtained a permit within the past forty-five (45) days for this location.)

This Off-Premises Permit will not be valid for more than fourteen (14) consecutive days.

An Off-Premises Permit cannot be issued unless at least two (2) other licensed boat and motor dealers are participating. List below two (2) other licensed boat and motor dealers who are participating in this show and check appropriate box if their dealership is inside or outside a twenty-five (25) mile radius of the show.

Dealer Name: \_\_\_\_\_ Inside  Outside

Dealer Name: \_\_\_\_\_ Inside  Outside

*I, the undersigned applicant, authorized representative, or if a corporation, a responsible officer for reporting and remitting taxes, declare under the penalties of perjury that I have examined this application and attachments and to the best of my knowledge the facts set forth are true and correct, and that the requirements hereunder will be carried out in accordance with the laws of the State of Oklahoma and the rules and regulations of the Oklahoma Tax Commission.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Mail application and fee to:



Oklahoma Tax Commission  
Taxpayer Assistance Division  
Post Office Box 269057  
Oklahoma City, OK 73126-9057  
Phone Number: (405) 521-3271  
Website: www.tax.ok.gov