

STA

OKLAHOMA TAX COMMISSION

2501 NORTH LINCOLN BLVD • OKLAHOMA CITY, OK 73194

- Application for New Aircraft Dealer License or
 - Application for Renewal of Aircraft Dealer License # _____
- (Renewals recieved on or before November 1 of expiration year fee not required)

FEE
\$250.00

How is the business owned? Individual Partnership Corporation Limited Liability Company

OWNERSHIP	Owner: _____ FEI/SSN: _____ <small>(Name of individual, partnership, corporation or LLC)</small>	FOR OFFICE USE ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Mailing Address: _____ <small>(Street and number, PO box, or rural route and box number)</small>	
	City, State and Zip: _____	

PARTNERS/ OFFICERS/ MEMBERS	Name 1: _____ SSN: _____ <small>(Last, first and middle initial)</small>
	Mailing Address: _____ <small>(Street and number, PO box, or rural route and box number)</small>
	City, State and Zip: _____
	Name 2: _____ SSN: _____ <small>(Last, first and middle initial)</small>
	Mailing Address: _____ <small>(Street and number, PO box, or rural route and box number)</small>
	City, State and Zip: _____

(If you have more than two partners, corporate officers or managing officers, please continue your listing on page 2 on the back of this form, in the spaces provided)

BUSINESS INFORMATION	DBA Name: _____ Business Phone Number: _____
	Physical Address of Business: _____ <small>(Street and number - Do Not Use P.O. Box or Rural Route Number)</small>
	City, State and Zip: _____
	Date Business Started: _____ What kind of aircraft do you sell? _____ <small>(Ultralight, new, used, etc)</small>
	At what airport is your inventory based? _____ <small>(Name of airport)</small>
	Address of Airport: _____ <small>(Address, City, State and Zip)</small>

- | | |
|---------------|--|
| ATTACH | Please attach each of the following: |
| | 1. Copies of business identification as a dealer (telephone directories, advertisements, etc.) |
| | 2. Picture of business location including the office and a business sign. |
| | 3. Financial statement (Form 13-91 Supplement). |

SIGNATURE	I, the undersigned, hereby make application for an aircraft dealer's license, and do solemnly swear or affirm under penalty of perjury, that this application has been examined by me and to the best of my knowledge, the facts set forth are true, correct and complete. I further solemnly attest that I operate a bonafide dealership for the retail sale of aircraft at the above described location, that I have read and will comply with the laws of the State of Oklahoma and with the Oklahoma Tax Commission with regard to the operation of the dealership, and that the requirements for reporting inventory, sales, and use will be carried out in accord with the provisions set out therein.	
	Signature: _____ <small>(Owners or legal agent(s))</small>	Date: _____

PARTNERS AND/OR OFFICERS • CONTINUED FROM FRONT

Name 3: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

Name 4: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

Name 5: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

Name 6: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

Name 7: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

Name 8: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

Name 9: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

Name 10: _____ SSN: _____
(Last, first and middle initial)

Mailing Address: _____
(Street and number, PO box, or rural route and box number)

City, State and Zip: _____

(If you need additional space, please continue on a separate page and attach additions to this form)