

| License Appl | ication: | ☐ Far | ☐ Youth Recreation Facility ☐ Family Recreation Center ☐ Adult Recreation Center | | | | Anewi | And of Energy | |
|---|-------------------------------------|----------------------------|--|-------|----------------------------------|-----------------------|------------------|---------------------|--|
| Date:/ | | ☐ Initial Issuar ☐ Renewal | nce | | | | | | |
| Type of Applicant: ☐ Sole Proprie ☐ Corporation | | | _ | | ☐ Association ☐ Principle Backer | | | | |
| Business nam Address: | | | | | | - | | | |
| | ssoc. or partnershed to do business | nip in Oklahoma? | | , | 19 | | | | |
| Personal Info | rmation: | | | | | | | | |
| Name: Address: | | First | MI | | | | Last | | |
| Home Phone: Length of tim | ne you have been | Social | l Security No | | | | | | |
| Date of Birth | | Place of Birth: | | Sex: | ale 🗆 Female | | Citizensh | ip: | |
| Race: | Height: | Weight: | Eyes: | Hair: | Complexion: | N | Marial Status: | | |
| | | or convicted of a crim | | | ach additional shee | t if more | e space is nee | ded.) | |
| Address | | City & | & State | | From Month & Y | l'ear | To Mont | th & Year | |
| List Employe | rs for the last fiv | re years, starting with | current employer | firet | | | | | |
| Employer | is for the last fiv | | Address | | | rom: IO/YR | To: MO/Y R | Position/ Duties | |
| | | | | | | | | | |

| Name and Address of owner of real estate: | | _ | |
|--|---|------------------|-----------------------------------|
| Name/address of owner of fixtures, coin-op | erated amusement and | I music devices: | - |
| IMPORTANT: If applicant is not the owne which applicant holds possession thereof. Applicant hereby agrees that the premises of the City of Tulsa at any time such premises | overed by this applica | | - |
| AFFIDAVIT | | | - |
| convicted of a felony or a misdemeanor inventor inventor in the completed of a felony or a misdemeanor inventor in the completed by sole proprietorship or not be completed by sole proprietorship or | olving moral turpitude I do not hold a Feder nanagers only: | | statements in the application nor |
| (Signature of applicant) | | | |
| To be completed by corp., assoc. or partners | ship: | | |
| Dated thisday of | , 19 | | |
| (Name of corp., assoc. or partnership) | | | |
| Ву | _Title | | |
| Attest | Title | _ | _ |
| Subscribed and sworn before me this | day of | , 19 | - |
| My Commission Expires: | | | |
| (Notary Public) Form saved as: recfacap.doc | | | |