



Return to:
One-Stop Licensing
Montana Department of Revenue
PO Box 8003
Helena, MT 59604-8003

Off-Premises Liquor License Application

Section 1: Entity/Transaction

Check appropriate boxes:

- | | | |
|--|---|--|
| 1. Business Entity | 2. Transaction | 3. License Type/Fee |
| <input type="checkbox"/> Individual (one person) | <input type="checkbox"/> New License | <input type="checkbox"/> Processing Fee - \$100.00 (All) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Transfer of Location - License # _____ | <input type="checkbox"/> Off-Premises Beer - \$200.00 |
| <input type="checkbox"/> Other | <input type="checkbox"/> Corporate Structure Change - License # _____ | <input type="checkbox"/> Off-Premises Wine - \$200.00 |
| | | <input type="checkbox"/> Off-Premises Beer/Wine - \$400.00 |

Attach additional pages if more space is needed

Section 2: General Information

Instruction for completing applicant name.

- If **Individual**, list individual's name.
- If **Corporation**, provide current corporate statement or list of officers, directors and shareholders and Certificate of Existence/ Authority.
- If **Other...**
 - If more than one **individual**, list names of all below.
 - If **partnership**, list partnership name below then, individual partners' names and provide copy of the partnerships Certificate of Limited Partnership, Certificate of Fact or Certificate of Registration.
 - If **LLC**, list LLC name below then, all members' names and provide a copy of the Certificate of Fact.

1. Name of Applicant(s) _____

Business Telephone No. _____ Fax No. _____ Federal Tax I.D. No. _____

2. Name of Person Managing Business _____

3. Provided Personal History & Release of Information forms for each individual, partner, 10% stockholder, member or manager.
 Yes No

4. **Business/Trade Name** _____

(doing business as... Assumed business name must be filed with the Secretary of State's Office)

Mailing Address _____

City, State, Zip _____

4a. **Address of premises to be licensed, if different than mailing address. Give Exact Location of Premises**, including a street and number.

Physical Address _____

City, State, Zip _____

5. Is your location within an incorporated city/town? Yes No

6. Are the premises within any defined zones where the sale of alcoholic beverages is prohibited by city/county ordinances?
 Yes No

7. Is your premises proposed for licensing operated as a Grocery Store If **grocery store** - attach copy of inventory (Form G-1)
 Drugstore If **drug store** - attach copy of pharmaceutical license

8. Do you now or will you own the building proposed for licensing? Yes No
If No, please provide a current or proposed lease or rental agreement. If Yes provide acceptable proof of ownership.

9. Is the building ready for occupancy? Yes No
If No, indicate estimated date of occupancy: _____

10. Will you be remodeling or constructing the premises? Yes No
If Yes, indicate estimated date of completion: _____ (Date)

11. **Submit copy of current floor plan of licensed premises. Floor plan must include external dimensions and general layout on an 8½" x 11" sheet of paper. Identify trade name of premises, address and date.**

12. Please send a copy of your bank signature card.

Section 3: Temporary Authority

The undersigned, requests authority to operate pending final approval of the license. Temporary authority may be granted to an applicant by the Department of Revenue if the current premises has been licensed in the past year for the sale of alcohol and no building, health, or fire deficiencies exist. The undersigned agrees that during the period of temporary operating authority, the applicant shall be responsible for all beer and wine purchased pursuant to Section 16-3-243, MCA (the seven-day credit limitation). I realize temporary authority will be immediately revoked if my employees or I violate any provisions of Title 16, MCA or the departments rules. Temporary authority cannot be granted for a transfer of location.

I would like temporary authority issued on _____ (Date)

Section 4: Notice To Applicants

In order for your application to be considered *complete* you must include all associated or related documents as indicated by your specific circumstance in the accompanying check sheet. Processing a license application takes approximately two (2) to three (3) months based upon the Department’s determination of receipt of a complete application, if no deficiencies are received. You will be notified when a decision regarding the application has been made.

Section 5: Declaration and Affidavit

This application must be signed by the applicant or by a duly authorized representative of the entity submitting this application. The person who signs this application attests that the information contained in the application is correct and complete. Montana law says “Upon proof that an applicant made a false statement in any part of the original application, in any part of an annual renewal application, or in any hearing conducted pursuant to an application, the application for the license may be denied, and if issued, the license may be revoked.” (Section 16-4-402, Montana Codes Annotated)

Signature Date

Printed Name Title

Section 6: Corporate Statement (includes Corporations, LLC’s, LLP’s and Partnerships)

The stockholders/members/partners are:

Name	Address	Social Security Number	Date of Birth	Number of Shares
Total Shares:				

Officers and Directors of the Corporation are:

Name	Address	Title