



Liquor Division Application for Vendors Permit

\$ _____

Permit Fee - \$100

Under the provision of Title 16 of the Montana Codes Annotated and the Administrative Rules of Montana 42.11.201 through 42.11.252, the undersigned hereby makes application for a Montana Vendors Permit.

Name of Applicant (Firm or Corporation) _____

Address _____ Phone _____

We understand to be registered as a vendor we must register at least one (1) Montana resident as our representative (see below).

We have read and understand the rules adopted by the Department of Revenue, Liquor Division and agree to abide by all laws and rules of the State of Montana regarding the promotion of alcoholic beverages.

Mail to:
Registration and Licensing
PO Box 1712
Helena, MT 59604-1712

Signature - Vendors Authorized Official or Broker

Title

Date

Permit Fee of \$100 Must Accompany This Application

For Registration of Representative

\$ _____

\$25 Fee For Each Representative

Having made application above, or being a holder of Montana Vendors Permit No. _____ understand that we are required to employ at least one, but not more than three (3), representatives to promote the sale of our liquor products in the State of Montana. We therefore request approval to register the following as representative(s) for _____

Individual or Firm Name

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

3. Name _____

Address _____ Phone _____

Mail to:
Registration and Licensing
PO Box 1712
Helena, MT 59604-1712

Signature - Vendors Authorized Official or Broker

Title

Date

Complete Statement of Representative on back.

This application must be accompanied by the \$25 filing fee for each Representative.

Statement of Representative

I have agreed to promote liquor products for _____
and agree that the following information is true and correct.

Name _____

Home Address _____

Business Address _____ Phone _____

Date of Birth _____ Place of Birth _____

Soc. Security No. _____ Height _____ Weight _____ Color of hair _____ Color of eyes _____

Are you a Montana resident, qualified to vote in Montana, or hold a current Montana drivers license?

Yes ____ No ____

Have you ever been convicted of a misdemeanor or felony under the laws of the Federal Government or any State of the United States? Yes ____ No ____

If yes, list office, date, court and place of conviction. _____

Do you have direct or indirect financial interest in an alcoholic beverage retail license, beer wholesaler's license, table wine distributor's license, state agency liquor store, brewery, or licensed winery?

Yes ____ No ____ If yes, please list name and address _____

I have read and understand the laws and rules of the State of Montana regarding the advertising and promotion of alcoholic beverages and will abide by these laws and rules. Any statement found to be false or misleading in any respect may constitute cause for denial or revocation of registration.

Signature of Representative

Date

Statement of Representative

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