



## Non-Profit Arts Organization Beer and Table Wine License Application

\$200 Processing Fee

\$250 License Fee

### Section 1 - General Information

1. a. Are you organized and operated for the principal purpose of providing artistic or cultural exhibitions, presentations or performances for viewing or attendance by the general public?  Yes  No
- b. Is the applicant a non-profit arts organization governed under Title 35, Chapter 2 of the Montana Code Annotated?  Yes  No

If you answered **No** to either question above, you do not qualify for this license.

2. Name of Applicant \_\_\_\_\_  
(Name of the non-profit arts organization)

3. Business/Trade Name \_\_\_\_\_  
(doing business as... assumed business name must be filed with the Secretary of State.)

4. Mailing Address \_\_\_\_\_

5. Address of Premises to be Licensed \_\_\_\_\_

6. City/State/Zip Code \_\_\_\_\_

7. Business Phone/Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Business Cell

8. Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

9. Federal Tax ID \_\_\_\_\_

10. Contact Person \_\_\_\_\_

11. This application meets the legal requirement that the premises cannot be located within any defined zones where the sale of alcoholic beverages is prohibited by city or county ordinance.  Yes  No

12. This application meets the legal requirement that the premise cannot be within 600 feet of and on the same street as a church or school.  Yes  No

13. Do you own, rent or lease the building proposed for licensing?  Yes  No

If **Yes**, provide evidence of ownership, i.e. tax statement or deed and any other associated documents.

If **No**, provide a current or proposed lease, rental or current or proposed purchase agreement showing the applicant has authority to operate at this location, including any other associated or related documents.

14. Attach a floor plan for the area to be licensed. On the plan, please clearly mark the areas where alcohol will be served, stored and consumed. The floor plan must contain outside dimensions, the name of the establishment, physical address and the date of submittal.

15. Is the building ready for occupancy?  Yes  No

If **No**, estimated date of occupancy \_\_\_\_\_

16. Will you be remodeling or constructing the premises?  Yes  No

If **Yes**, indicate estimated date of completion \_\_\_\_\_

17. Please include a copy of bank signature card for the business bank account.

**Section 2 - Corporate Information**

1. Please provide:

- the date the articles of incorporation were endorsed and filed by the Montana Secretary of State \_\_\_\_\_
- the federal tax code section under which your operation received its federal tax exemption \_\_\_\_\_
- the date of the letter from the Internal Revenue Service notifying you of your exempt status \_\_\_\_\_

2. List all officers and directors below.

Name/Title	DOB	SS#	Address	Phone #

Note: A personal history statement and a completed fingerprint card for each individual listed above must accompany this application.

3. Is the alcoholic beverage business to be conducted by a manager?  Yes  No

If yes, attach a management agreement, personal history statement, release of information and fingerprint cards.

**Section 3 - Declaration and Affidavit**

I declare under the penalties of false swearing and/or revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation making this application and that the answers contained in said application, including any accompanying information, have been examined by me and that the matters and things set forth therein are true, correct and complete. Note: Section 16-4-402(3) Montana Codes Annotated, provides "Upon proof that any applicant made a false statement in part of the application, the application for the license may be denied, and if issued, the license may be revoked."

If the applicant is successful in obtaining a license, the applicant must abide by all laws and rules for that licensing period.

Printed Name	Title	Signature	Date
_____	_____	_____	_____

**Return to:** Montana Department of Revenue, Liquor Control Division, PO Box 1712, Helena, MT 59624-1712