Montana Department of REVENUE

MONTANA
BET-3
New 09-07

Foreign Brewery Monthly Report
For Sales to Retailers Located Within Montana

Month Ending		**Year**	
Foreign Brewery		**License No.**	
Address			
Street	**City**	**State**	**Zip Code**
Phone		**FAX**	

This report is for the preceding month and is due the 15th of each month. All records, invoices and delivery records must be kept for inspection by the Department of Revenue.

Beer Merchandise Sold					
Invoice Date	**Retailer**	**Retailer License No.**	**Brand**	**Invoice No.**	**Barrels**

Total Barrels _____

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

I certify the above is true and correct.

Signed _____

Title _____