



MONTANA Alcoholic Beverage - Gambling Operator Combined License Application

Also available on our websites:
www.doj.mt.gov/gaming and www.revenue.mt.gov

State of Montana

Alcoholic Beverage/Gambling Operator Combined License Application

Please check all appropriate sections below:

- 1. Gambling Operator License Processing Fee:**
 - Nonprofit Organization - \$300
 - Sole Proprietorship - \$800
 - Partnership or Corporation - \$1,000

- 2. Alcoholic Beverage License Processing Fee:**
 - All applications - \$200

- 3. Alcoholic Beverage License Fee:**
 - On-Premises Beer - \$200 if new
 - On-Premises Beer/Wine - \$400 if new
 - All-Beverage - \$400 to \$800 (if a new issue and depending on the population)

- 4. Reduced License fees for Nationally Chartered Veterans Organizations:**
 - On-Premises Beer - \$50
 - On-Premises Beer/Wine - \$250
 - All-Beverage - \$250 to \$650 (depending on location and population)

- 5. Catering Endorsement:**
 - Beer and Wine - \$200
 - All-Beverage - \$250

- 6. Restaurant Beer and Wine:**
 - Annual license fee - \$400 **plus** a onetime
 - Seating fee for 60 or less - \$5,000
 - Seating fee for 61 to 100 - \$10,000
 - Seating fee for 101 or more - \$20,000

FOR OFFICE USE ONLY

Gambling License No.: _____

Liquor License No: _____

Check Number: _____

Gambling Fee Paid:\$ _____

Liquor Fee Paid:\$ _____

Fingerprint Fee Paid:\$ _____

- 7. Secured Party:**
 - Secured Party Addition - \$20
 - Secured Party Termination - \$10

- 8. Resort License Fee:**
 - Annual All-Beverage license fee - \$2,000 **plus** a onetime initial application license fee of \$20,000 = \$22,000 total

- 9. Golf Course Beer and Wine:**
 - Annual License fee - \$400 **plus** a onetime initial application fee of \$20,000 = \$20,400 total

- 10. Fingerprint Fee**
 - \$27.25 per individual

Enter the amounts due from the corresponding schedules above.

- | | |
|--|-----------------|
| 1. Gambling Operator License Processing Fee: | \$ _____ |
| 2. Alcoholic Beverage License Processing Fee: | \$ _____ |
| 3. Alcoholic Beverage License Fee: | \$ _____ |
| 4. Nationally Chartered Veterans Organizations
Reduced Fee: | \$ _____ |
| 5. Catering Endorsement: | \$ _____ |
| 6. Restaurant Beer and Wine Fee: | \$ _____ |
| 7. Secured Party Fee: | \$ _____ |
| 8. Resort License Fee: | \$ _____ |
| 9. Golf Course Beer/Wine Fee: | \$ _____ |
| 10. Fingerprint Fee(s): | \$ _____ |
| Total: | \$ _____ |

**STAPLE PAYMENT
HERE**

“Payable to “Gambling Control Division”

Based on the actual cost incurred by the Gambling Control Division in processing the license, the division will refund any overpayment of the fee or collect an amount sufficient to reimburse the division for any underpayment of actual costs. The Division will provide the applicant an itemized accounting of expenses.

Section I

Check the Appropriate Boxes to Designate the Purpose of this Application

Alcoholic Beverage

- New Alcoholic Beverage License Application
- Existing Alcoholic Beverage License; Transfer of Ownership
- Existing Alcoholic Beverage License; Licensee Structure Change:
(Addition of shareholder, member or partner not previously qualified)

Designate the Type of License of Your Application:

- On-Premises Beer
- On-Premises Beer and Wine
- All-Beverage
- Restaurant Beer and Wine
- Resort License

Gambling

An ownership interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.

An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.

- New Gambling
- Gambling Only - No Alcoholic Beverage License is required for Live Keno/Bingo.

General Information

Print or Type

Name of Entity Applying _____
(Owning entity Sole Proprietor/Partnerships/Corp./LLC/LLP i.e. John's Bar LLC)

Business/Trade Name _____

Business Address of Premises to be Licensed _____
(Street, Suite No., Building No., City, ST and Zip)

Mailing Address _____
(P.O. Box or Street, City, ST and Zip)

City _____ State _____ Zip _____

Business Phone (_____) _____ Cell Phone (_____) _____

Fax (_____) _____ E Mail address _____

Federal Tax I.D. Number _____

Alcohol Beverage License Number _____ - _____ - _____
(N/A if not applicable)

Check this box if you wish all correspondence sent to the attorney who submitted this application on your behalf.

Are the premises for licensing located:

- Within the boundaries of an incorporated city/town. (Liquor and Gambling Licensing)
- Within a distance of five miles of an incorporated city/town. (Liquor Licensing)
- Within an unincorporated city/town or outside the boundaries of, and more than five miles distance from, any city/town whether incorporated or unincorporated. (Liquor Licensing)

_____ in the County of _____
City Name County Name

Section II

Ownership Information

A. The applicant is a: (See information checklist for documents required for each ownership type)

- Individual(s) / Sole Proprietor(s)
- Partnership
 - General
 - Limited
- Limited Liability Company
- Limited Liability Partnership
- Charitable or Non-Profit Organization qualified Under 26 U.S.C. 501(c)(3), (c)(4), (c)(8) or (c)(9)
- Retirement home or nursing home (Gambling Only)
- Corporation
 - C Corporation
 - Subchapter S
 - Publicly Held

Individuals and Partnerships may wish to apply as Joint Tenants with Rights of Survivorship (JTROS) or Tenants in Common (TENCOM). Make certain each individual with right of survivorship or tenant in common is listed below.

JTROS or TEN COM

In the spaces below, list all owners, partners, members, officers and/or directors. Each individual listed below must submit 2 completed fingerprint cards, personal/criminal history statement and fees. Use additional sheet of paper if necessary. For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.

Name (First, M.I., Last) _____ Title _____

Date of Birth _____ Social Security No. _____ Number of Shares _____

Address _____ Percentage of Ownership _____

Name (First, M.I., Last) _____ Title _____

Date of Birth _____ Social Security No. _____ Number of Shares _____

Address _____ Percentage of Ownership _____

Name (First, M.I., Last) _____ Title _____

Date of Birth _____ Social Security No. _____ Number of Shares _____

Address _____ Percentage of Ownership _____

Section III

Management Information

A. Provide the following information for each management employee. If applying as an entity, include the manager of the day-to-day operation for the business. Attach management agreement if applicable. Each individual listed below must submit 2 completed fingerprint cards, personal/criminal history statement(s) and fee(s).

- Gambling Alcoholic Beverage Both N/A

Name _____ Date of Birth _____ Social Security No. _____

Address _____ Phone _____ Salary _____

Name _____ Date of Birth _____ Social Security No. _____

Address _____ Phone _____ Salary _____

Section IV

Financial Information

A. Financial or Ownership Interest: (Use additional paper if necessary.)

1. Does any person or entity listed in Section II (ownership information) have a financial or ownership interest in any other gambling or alcoholic beverage enterprise?

Alcoholic Beverage: Yes No If yes, identify below. Gambling: Yes No If yes, identify below.

Individual(s) Name _____ Enterprise Name _____

Address _____

Individual(s) Name _____ Enterprise Name _____

Address _____

Individual(s) Name _____ Enterprise Name _____

Address _____

2. Does any person listed in Section II, (ownership information) have family members with a financial or ownership interest in any other gambling activity or alcoholic beverage enterprise? Include spouse, parents, children, siblings.

Alcoholic Beverage: Yes No If yes, identify below. Gambling: Yes No If yes, identify below.

Individual(s) Name _____ Enterprise Name _____

Address _____

Indicate Alcoholic Beverage Gambling

Individual(s) Name _____ Enterprise Name _____

Address _____

Indicate Alcoholic Beverage Gambling

Individual(s) Name _____ Enterprise Name _____

Address _____

Indicate Alcoholic Beverage Gambling

3. Do any persons or entities, other than those listed in Section II, (ownership information), have any financial or ownership interest in, derive income from, or have liabilities associated with the business proposed for licensing?

The list must include, but is not limited to, any person or entity who has a right to share in the profits or has responsibility for a financial obligation associated with the gambling or alcoholic beverage operation (including, assignees etc.) or to whom any interest or share of profits has been pledged as security for the performance of a contract or sale related to the business proposed for licensing. Do not include applicant's route operator if the only interest the route operator has is through a lease of vending/gambling machines.

Alcoholic Beverage: Yes No If yes, identify below. Gambling: Yes No If yes, identify below.

Individual(s) Name _____ Enterprise Name _____

Address _____

Individual(s) Name _____ Enterprise Name _____

Address _____

Individual(s) Name _____ Enterprise Name _____

Address _____

4. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever been issued a gambling or alcoholic beverage license by any other agency, state, nation or jurisdiction?

Alcoholic Beverage: Yes No If yes, identify below. Gambling: Yes No If yes, identify below.

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ City _____ County _____ Country _____

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ City _____ County _____ Country _____

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ City _____ County _____ Country _____

5. Does the applicant, or any member of the applicant's immediate family, have any affiliation with, or financial interest in, the operation of a state agency liquor store, an alcoholic beverage manufacturer, wholesaler/distributor or retailer of alcoholic beverages in or out-of-state?

Yes No If Yes, list information below:

Business Name _____ Location _____

Business Name _____ Location _____

Business Name _____ Location _____

6. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever been denied an alcoholic beverage or gambling license or had adverse action taken against an existing license by any agency, state, nation or jurisdiction? If yes, describe in detail the nature of the violation and resulting adverse action.

Fined Yes No _____

Denied Yes No _____

Suspended Yes No _____

Revoked Yes No _____

Other Action or Action Pending Yes No _____

If Yes, list agency, location and date when license action was taken:

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ City _____ County _____ Country _____

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ City _____ County _____ Country _____

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ City _____ County _____ Country _____

7. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever filed for or been involved in bankruptcy (other than as a creditor)?

Yes No If Yes, explain current status: _____

8. Provide the following information for all of the applicant's operating, investment or any other business account(s). (i.e. saving and checking accounts)

Institution Name _____ Address _____

Phone _____ Account No. _____ Signatory(s) _____

Institution Name _____ Address _____

Phone _____ Account No. _____ Signatory(s) _____

Institution Name _____ Address _____

Phone _____ Account No. _____ Signatory(s) _____

9. Provide the following information for each outstanding loan and/or financial obligation (institutional or non-institutional) obtained or used for the purpose of operating/purchasing this business.

Send signed copies of all loans/agreements/contracts/notes/letter of commitment, and all related security agreements, guarantees and trust indentures. Note: NIL Form 13 must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions, including gifting statements. All non-institutional lenders or sources of financing must also file a Personal/Criminal History Statement (Form 10), Authorization for Examination and Release of Information (Form 13) and a completed Fingerprint Card. If necessary, list additional sources of financing on a separate piece of paper.

N/A Check, if not applicable.

Creditor Name _____ Date Acquired _____ Date Due _____

Creditor Address _____

Loan Amount _____ Loan Number _____

Creditor Name _____ Date Acquired _____ Date Due _____

Creditor Address _____

Loan Amount _____ Loan Number _____

Creditor Name _____ Date Acquired _____ Date Due _____

Creditor Address _____

Loan Amount _____ Loan Number _____

10. Complete the following source of funding questions: N/A Check, if not applicable.

a. Total transaction/purchase price for real and personal property associated with the proposed licensed business:

\$ _____

b. Total amount paid at closing on the transaction listed in line a:

\$ _____

c. Earnest money deposit / down payment:

\$ _____

d. Balance due in contractual payments regarding the transaction listed in line "a" minus the monies line "b" and "c":

\$ _____

e. List each source of funding not listed in question 10.

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Note: Provide verification of source (i.e. 6 months of bank statements, checking, savings account, investment, etc.)

11. Has the applicant filed a state and/or federal income tax return for the business?

Yes No If Yes, submit a signed copy of applicant's most recent filed state and federal income tax returns.

12. Attach a copy of the applicant's most recent financial statements reflecting the business operation for which the application is being submitted. If the business is prospective or has been operating for less than one year, a balance sheet and an income statement must be estimated. **Failure to supply adequate financial information will result in delay, denial or return of this application.** You must include:

- a. A Balance Sheet (listing all assets, liabilities and owner equity in the business)
- b. An Income Statement (list amounts and types of income and expenses for the business.)

13. Are there any persons or business entities that have an option to purchase any share of the business or property?
 Yes No If Yes, complete the following:

Seller _____ Purchaser _____
Seller _____ Purchaser _____
Seller _____ Purchaser _____

Note: Submit a copy of option agreement.

B. IMPORTANT NOTE: Does the applicant own the building proposed for licensing?

- Yes If yes, provide evidence of ownership (i.e. tax statement or deed and any other associated documents).
- No If no, provide a current or proposed lease, rental or current or proposed purchase agreement showing the applicant has authority to operate in this location, including any other associated or related documents.

Name All Persons or Entities Listed on:

1. Lease Contracts: N/A Submit a copy of all lease and related security agreements associated with the business proposed for licensing. **NOTE:** A retailer is precluded from leasing property from a manufacturer or wholesaler of alcoholic beverages.

The Gambling Control Division will not approve a lease which provides for payment of a percentage of business revenue to any Lessor, except for a video gambling machine location agreement between a route operator and an operator.

The Liquor Control Division will not approve a lease which provides for payment of a percentage of alcohol revenue to any Lessor.

Lessor _____ Lessee _____

2. Do you have a Franchise Agreement? Yes No If yes, provide a copy.

The Liquor Control Division will not approve a franchise agreement which provides for payment of a percentage of liquor revenue to any Franchisor.

Franchisor _____ Franchisee _____

3. Purchase Agreements: N/A Submit copies of all purchase documents and related guarantees, mortgages, security agreements or escrow agreements associated with the business proposed for licensing, and all bills of sale, deeds or other documents reflecting title transfer of assets purchased.

Seller _____ Purchaser _____

Terms _____

Seller _____ Purchaser _____

Terms _____

Seller _____ Purchaser _____

Terms _____

C. Licensed Business Asset Ownership:

Does any person or entity other than the applicant own any assets associated with the licensed operation?

Yes No If Yes, complete the following:

Assets Owned _____ Owner(s) Address _____

Assets Owned _____ Owner(s) Address _____

Assets Owned _____ Owner(s) Address _____

Note: Ownership of an asset utilized in the licensed business by any person or entity other than the applicant requires a copy of a written lease and identification of the lease relationship in Section IV, Subsection "B."

D. Will there be Video Gambling Machines located on the Licensed Premises?

Yes No If Yes, identify who owns or will own these machines.

Location Owned

Route Owned Name of Route Operator _____

1. Is there or will there be a written location/machine contract and/or agreement? Yes No

Provide a copy of the location/lease/rental agreement(s).

2. Does any person or entity lease or manage a gambling activity on the licensed premises? Yes No

If Yes, identify who and what activity: _____

E. Will there be Live Card Games on the Premises?

Yes No Not at this time If Yes, identify who will operate the live card game if other than the licensee.

Name _____ Business _____

Address _____

Note: A live card permit is necessary to operate live card games on the premises.

1. Will the person(s) named above be entitled to receive any portion of profits from the operation of the live card games?

Yes No Not at this time If yes, the person named above needs to be licensed by the Gambling Control Division as a Cardroom Contractor prior to operation of the live card game.

F. Record Keeping:

a. Who maintains the applicant's financial business records? (Full Name, Address, Phone)

b. Who prepares the tax returns, government forms and reports for the applicant? (Full Name, Address, Phone)

c. Where are the financial books and records for the applicant's business kept? (Address, Phone)

G. Are there any unsatisfied civil judgments against the applicant or any persons or entities listed in Section II at this time?

Yes No If Yes, explain.

H. Has the applicant or any persons or entities listed in Section II, Subsection "C" ever been a party to a lawsuit, either as a plaintiff or defendant, if so, provide a detail of each.

Yes No If Yes, explain.

Section V

Premises Information

A. Does the applicant's premises: (Use additional paper if necessary)

1. Yes No Have permanently installed walls extending from floor to ceiling?
2. Yes No Have a distinct address?
3. Yes No Share an address with another business? If Yes, name the business:
4. Yes No Have a public external entrance that is shared with another premises for which a gambling operator license has been issued? If Yes, name the business:
5. Yes No Share a common internal wall with another premises to which a gambling operator license has been issued? If Yes, explain and submit copy of the floor plan and also name of operator/owners:
6. Yes No Have a bar and at least 12 seats at the bar, tables or booths independent of gaming machines?

B. Describe where the premises is located:

1. Are the entrance doors of the premises proposed for licensing on the same street as, **and** within 600 feet of, the entrance doors of a building occupied exclusively as a church, synagogue or other place of worship or school (except a commercially operated or post secondary school)?
 Yes No
2. Is the premises located within 150 feet of another premises licensed for on-premises alcoholic beverage consumption? (As defined in 23-5-629 MCA)
 Yes No If yes, answer all the following questions and include name of premise licensed:
 Yes No Does the second premises already have a permit for placement of video gambling machines?
 Yes No Is there a structural walkway between the two premises?
 Yes No Is the second premises licensee affiliated with the applicant?
 Yes No Is there an immediate family member related to the applicant within the ownership structure of the second premises licensee?
 Yes No Do the two licensed premises share any common management personnel?
 Yes No Would the applicant be considered a parent or subsidiary business entity to the second licensee?
 Yes No Does any person or entity within the ownership structure of the applicant share a commonality of business interest with any other person or entity within the ownership structure of the second licensee?
 Yes No Are there any contractual agreements or financing agreements between the applicant and the second licensee?
 Yes No Are there any investors common to the applicant and the second licensee?

C. Is the premises within any defined zones:

1. Yes No Where the sale of alcoholic beverages is restricted by city or county zoning ordinance?
2. Yes No Where gambling is restricted by city or county zoning ordinance?

D. Is the building ready for use for an alcoholic beverage business: Yes No

1. Yes No Is this a newly constructed premises?
If Yes, indicate an estimated date of occupancy _____
2. Yes No Is this a remodel of an existing premises?
If Yes, indicate an estimated date of completion _____

E. Is the premise operated under a concession agreement?

1. Yes No If Yes, attach a copy of the concession agreement. Note: ARM 42.12.133 requires certain signage for a premise operated under a concession agreement.

- E. On an 8-1/2" x 11" sheet of paper, submit a floor plan showing the area to be licensed, using approximate dimensional measurements, including external dimensions and general layout. This floor plan must contain the name of the establishment, physical address and the alcoholic beverage license number (if applicable) and number of tables and chairs indicated. Floor must plan must indicate seating for at least 12 at a bar, table or booth independent of gaming machines.

If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated.

Section VI

Restaurant Beer and Wine License

1. Do you agree to serve beer and wine only between the hours of 11:00 a.m. and 11:00 p.m. and be open at least 4 nights a week for at least 2 hours a night between 5 pm and 11 pm?
 Yes No NA
2. Do you agree to serve beer and wine only to a patron who orders food?
 Yes No NA
3. Do you understand that alcohol purchases must be stated on the food bill?
 Yes No NA
4. Do you understand that beer and wine may not be sold for off-premises consumption?
 Yes No NA
5. Do you understand and acknowledge that issuance of a restaurant beer and wine license prohibits issuance of a license to conduct any gambling activity on the licensed premises?
 Yes No NA
6. Do you understand and agree to maintain a service bar? A service bar means an area where alcoholic beverages are stored and prepared for table service delivery to patrons for on-premises consumption. **Consumption of alcoholic beverages by patrons or any other person is not permitted at the service bar.**
 Yes No

Wine Amendment for On-Premises Beer License

1. Do you operate a restaurant or prepared food business?
 Yes No N/A If Yes, explain and send a menu.
2. Do you have a minimum of 12 seats at tables and/or booths?
 Yes No N/A If No, explain present arrangement.

Catering Endorsement

1. Do you wish to add a catering endorsement to the All-Beverages License?
 Yes No Existing NA
2. Do you wish to add a catering endorsement to an On-Premises Consumption Beer and Wine License?
 Yes No Existing NA

Section VII

Alcoholic Beverage Temporary Authority

A. Please indicate whether or not you wish to have alcoholic beverage temporary authority issued.

Yes No Alcoholic beverages License Number _____

Temporary Authority cannot be granted on an alcoholic beverage transfer of location or issuance of a new license. If an alcoholic beverage Temporary Authority is granted before a gambling license application is approved, all current gambling activities at the establishment must cease until a gambling license application is approved.

The undersigned requests authority to operate pending final approval of the transfer. The undersigned agrees that during the period of Temporary Operating Authority, the applicant shall be responsible for all beer and wine purchased pursuant to Montana Code Annotated §16-3-243 (the seven-day credit limitation). Temporary Authority will be immediately revoked if any employees or I violate any provisions of Title 16, Montana Code Annotated or the department rules.

Signature of Applicant _____ Date _____

I would like Temporary Authority issued on: _____
Date

To Be Completed By Recorded Owner/Current Licensee:

I authorize Temporary Operating Authority be granted to the applicant by the Department of Revenue, pending final approval of this application. I understand the applicant may not operate until Temporary Authority has been granted. I understand Administrative Rule of Montana 42.12.208 states in part "Any proposed fine, suspension or revocation arising out of a violation will be assessed against and is the responsibility of the recorded owner of the license."

Signature of Recorded Owner/Current Licensee

Date

Section VIII

Declaration and Authorization

APPLICANT'S FORMAL DECLARATION AND AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

I, _____, hereby declare under the penalty of law and/or the 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 I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure and release to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling and/or liquor licensure, whether the records are of a public, private, or confidential nature.

SIGNATURE _____

PRINT FULL NAME _____

TITLE/POSITION _____

DATE _____

This application must be completed in full, and all requested attachments must accompany it. Delay, denial or the return of the application will result if incomplete.

Additional Information May Be Required During the Investigation of Your License Application.

NOTARY

Ownership Information Checklist for Section II

Please submit the documentation required for your entity type. Failure to provide all applicable documentation will delay the processing of this application. **NOTE:** For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.

Partnership Agreement documentation:

- Federal Employer Tax Identification Number verification from the IRS
- For newly formed partnerships attach a copy of the application/certificate for registration of the partnership filed with the Secretary of State
- For existing partnerships attach a copy of the renewal of partnership filed with the Secretary of State in the Partnership name
- Verification of the Assumed Business Name as filed with the Secretary of State's office
- Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each individual involved in the ownership of the license

Limited Liability Company:

- Federal Employer Tax Identification Number verification from the IRS
- Articles of Organization
- Organization Minutes
- Certificate of Fact or Certificate of Existence
- Verification of the Assumed Business Name as filed with the Secretary of State's office
- Other member agreements
- Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each individual involved in the ownership of the license

Corporation:

- Federal Employer Tax Identification Number verification from the IRS
- Articles of Incorporation and Amendments or Addendums thereto
- Bylaws and amendments or addendums thereto
- Certificate of Incorporation
- Certificate of Existence (for MT corporations)
- Authority to do Business in Montana (for out-of-state corporation)
- Corporate Minutes and attachments thereto
- Share issuance records
- Share Certificates
- Stock Ledger or Register
- Verification of Assumed Business Name as filed with the Secretary of State's office
- Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each individual involved in the ownership of the license

Charitable/Non-profit 26 USC. 501 Status:

- Attach a copy of IRS Letter of Non-profit designation
- Federal Employer Tax Identification Number verification from the IRS
- Personal History/Criminal History statement(s) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each individual involved in the ownership of the license
- Attach a copy of the charter for Veteran/Fraternal applicants

Management Information Checklist for Section III

To ensure you complied with the attachment requirements, the following checklist is provided for all entities. Note: Failure to provide all applicable documentation will delay the processing of this application.

- Employment, Management and Other Agreement(s) and Contract(s). If you are applying as other than a sole proprietor IE, Corp, LLC, Partnership, LLP, and the officers /directors/members/partners are the managers, their duties must either be covered in the organization minutes or provide a management agreement.
- Personal/Criminal History Statement(s) on all management personnel (Form 10)
- 2 Fingerprint Cards and fees for each manager.

Financial Information Checklist for Section IV

- Send signed copies of all loan agreements, contracts, notes and all related security agreements, guarantees and trust indentures. Note: Form 13 must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions, including gifting statements.
- Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms.
- Franchise agreements.
- Financial statement(s) (i.e. balance sheet and income statement or tax return for the business).
- Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, all bills of sale, deeds or other documents reflecting title transfer of assets purchased.
- Purchase agreement for the liquor license including compensation, terms, the appropriate parties as buyer and seller and the license listed by number. Provide copies of all documentation to verify source of funding for purchase of the liquor license. Note: No assignments are allowed.
- Bank signature card and authorization forms for all of the applicant's operating, investment or any other business accounts. (i.e. Saving and checking accounts)
- Authorization for examination and release of information (Form 13) for Non-institutional lender only
- Personal/Criminal History Statement(s) for Non-institutional lender only
- 2 Fingerprint Card(s) for Non-institutional lender only

Alcoholic Beverage Premises Information Checklist for Section V

- Floor Plan (including name, liquor license number, physical address, dimensions, seating, service bar, liquor storage etc. (Do not send in the original blue prints, only a copy of the floor plan.)
- Zoning Documents
- Certified Survey Affidavit (Required for new license and transfer of location even if the license was previously licensed)
- Concession Agreement (if applicable)