

State of Montana
DOJ Gambling Control Division/DOR Liquor Control Division
Business Statement

The Business Statement form is used to identify the **people** involved with the business (i.e. owners, officers, directors, etc.). If an entity (i.e. corporation, partnership, etc.) holds ownership interest in the business, please provide the FEIN of each entity owner, and identify the applicable percentage of ownership interest. If more than one entity has ownership interest, a separate form must be completed for each entity. *Note: Shares must add up to 100%.

Print or Type

Account ID No./Liquor License No: _____ SSN OR FEIN: _____

Entity Name (LLC, LLP, Corp., etc.) _____

Establishment Name (DBA) _____

List the individual Owners, Stockholders, or Members of the Business [use additional paper if necessary]:

Name	SSN/FEIN	Date of Birth	% of Ownership <small>(must equal 100%)</small>	# of Shares

List Officers, Directors or Managers of the Business [use additional paper if necessary]:

Name	SSN/FEIN	Date of Birth	Title

Please submit (to the address below) the following items for each individual listed in the tables above unless the individual has been previously disclosed to the division in the past two years:

- Two fingerprint cards,
- Personal/Criminal History Statement (Form 10), and
- \$30 background check processing fee.

Gambling Control Division, PO Box 201424, Helena, MT 59620

I affirm I am authorized to make this application for the applicant and that the answers contained herein are true and complete. If this application or attachments contain false information, I understand I may be subject to the criminal penalties of Montana Code Annotated § 45-7-202, 45-7-203, 45-7-208, 16-4-402 and/or revocation of any gambling and/or liquor licenses granted pursuant to this application.

_____/_____/_____ / _____ / _____
Signature Date Print Name and Title of Person Signing