



ANTIQUE ILLEGAL GAMBLING DEVICE DEALER LICENSE

THREE YEAR LICENSE FEE \$50.00
MONTANA CODE ANNOTATED 23-5-153(4)

For Office Use Only	
Check No.	_____
Amount	_____
License No.	_____

Applicant Name _____
(ABC Manufacturing, Inc.)

FEIN _____ Phone (____) _____

Mailing Address _____
Street, Suite No City State Zip

Email _____

CHECK THE APPROPRIATE BOXES	YES	NO
Are you a licensed gambling operator?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a licensed gambling device manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a licensed gambling device distributor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a licensed route operator?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain _____		

I certify that this information is true and correct.

Signature of Applicant _____ Print Name of Applicant _____ Date _____

ATTACH \$50.00 FEE AND SEND APPLICATION TO:
Montana Department of Justice, Gambling Control Division
2550 Prospect Ave. • PO Box 201424 • Helena, MT 59620-1424
Phone: (406) 444-1971 • Fax: (406) 444-9157
Email: gcd@mt.gov
www.dojmt.gov/gaming/

**Staple Payment Here
Payable to:
Gambling Control
Division**