STATE OF MONTANA
ANTIQUE ILLEGAL GAMBLING DEVICE DEALER LICENSE
THREE YEAR LICENSE FEE $50

Montana Department of Justice
Gambling Control Division
2550 Prospect Ave.
P.O. Box 201424
Helena, MT 59620-1424
Phone: (406) 444-1971
Fax: (406) 444-9157

OFFICE USE ONLY

CHECK NO_____

CHECK AMOUNT _____

REFUND_____

LICENSE NO _____

An improperly completed application will be returned for corrections.

TYPE OR PRINT LEGIBLY.

Licensee Name _____

Business Address (P.O. Box and Street)_____

City_____ State _____ Zip _____

Social Security Number or Federal Tax I.D. No. _____

Business Phone_____

CHECK THE APPROPRIATE BOXES:

Are you a licensed gambling operator? No ☐ Yes ☐

Are you a licensed gambling device manufacturer? No ☐ Yes ☐

Are you a licensed gambling device distributor? No ☐ Yes ☐

Are you a licensed route operator? No ☐ Yes ☐

If yes, explain: _____

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, or revocation of any gambling licenses granted pursuant to this application.

Signature of Applicant _____

Printed Name of Applicant _____ Date _____

Please staple a check or money order for $50 HERE.
Make Payment Payable to the State Treasurer.