



# LOCATION MANAGER APPLICATION

Location managers must be disclosed within 30 days of beginning location manager duties.



Licensees must receive approval for location managers who provide general oversight and ensure compliance of the alcoholic beverage and/or gambling operations.

## Licensee Information

Entity Name \_\_\_\_\_ Gambling Account ID \_\_\_\_\_  
Business Name (DBA) \_\_\_\_\_ Alcoholic Beverage License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## Location Manager Information Gambling Only Liquor Only Gambling/Liquor Combined

Name (First, Middle, Last) \_\_\_\_\_

Does this location manager hold 10 percent or greater ownership interest in the alcoholic beverage license, any other alcoholic beverage license, or agency liquor store?  Yes  No

*If yes for this license, no additional information is necessary. If yes for any other licenses, ownership interest is limited to three All-Beverage licenses.*

Does this location manager hold any ownership interest in another alcoholic beverage license or agency liquor store?  Yes  No

If yes, SSN \_\_\_\_\_ DOB \_\_\_\_\_

Location Manager's Physical Address \_\_\_\_\_

Location Manager's Mailing Address \_\_\_\_\_

Date Location Manager Duties Began \_\_\_\_\_

Compensation \$ \_\_\_\_\_ per  hour  week  year

Other compensation \_\_\_\_\_

Is this location manager replacing another approved location manager at this premises?  Yes  No

If yes, please provide name of the location manager being replaced \_\_\_\_\_

## Management Company Information (if applicable)

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Compensation \$ \_\_\_\_\_ per  hour  week  year

Please complete a Business Statement ([Form 30](#)) with the ownership and officer/director information of the management company. On-site representative should be entered in the Location Manager Information section above.

## Certification

*The undersigned acknowledges that the licensee may not transfer ultimate control or ownership of the license to a location manager and shall maintain an active participation in the business' operation to ensure the proper and lawful conduct of the business. The undersigned declares under the penalty of false swearing that undersigned is the licensee or the duly authorized representative of the licensed entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.*

Authorized Licensee Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Please submit completed application, Personal History Statement ([Form 10](#)), two complete sets of fingerprint cards and a \$30.00 fee to the address below. If the location manager holds 10 percent or greater ownership interest in the alcoholic beverage license, only the completed application is required. All fingerprint cards must be mailed to the address below. No electronic copies will be accepted.

Montana Department of Justice, Gambling Control Division  
2550 Prospect Avenue • PO Box 201424 • Helena, MT 59620-1424  
Phone: (406) 444-1971 • Fax: (406) 444-9157  
Email: [gcd@mt.gov](mailto:gcd@mt.gov)