



SPECIAL BINGO SESSION PERMIT APPLICATION

The application and \$10.00 fee must be received at least
10 business days prior to start of the special session.
Montana Administrative Rule 23.16.2411

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

APPLICANT INFORMATION

Operator Number _____

Establishment Name _____ Establishment Phone _____

Email _____

Mailing Address _____
Street, Suite No City State Zip

Location of Session _____
Street, Suite No City State Zip

Date of Session _____ Date of Most Previous Session *(30 days must lapse between sessions)* _____

CERTIFICATION

I certify that this information is true and correct.

Authorized Signature _____ Print Name of Person Signing _____ Date _____

ATTACH 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

Staple Payment Here Payable to: Gambling Control Division
--

