



## **CARD ROOM CONTRACTOR LICENSE APPLICATION**

For the purposes of this application, **Gambling Control Division**  
is referred to as **GCD**

Gambling Control Division  
PO Box 201424  
Helena, MT 59620

*FOR ADDITIONAL ASSISTANCE, PLEASE SEE THE SUPPLEMENTAL FORM 9 GUIDE  
OR CALL (406) 444-1971*

Our website:

[www.dojmt.gov/gaming](http://www.dojmt.gov/gaming)

**SECTION I  
PURPOSE & FEES**

**New Card Room Contractor License**

Card Room Contractor License Fee \$ 150.00

Fingerprint Fee(s) \$30 per individual\* \$

**Total** \$

*\*If you have a current Card Dealer License, fingerprints and personal history statements are not needed*

**FOR OFFICE USE ONLY:**

Gambling License No: \_\_\_\_\_

Check Number: \_\_\_\_\_

Gambling Fee Paid: \$ \_\_\_\_\_

Fingerprint Fee Paid: \$ \_\_\_\_\_

**SECTION II  
GENERAL INFORMATION**

Name of Entity or Person Applying \_\_\_\_\_

*(Sole Proprietor/Partnerships/Corp/LLC/LLP e.g. Swanny's Bar LLC)*

Business Name/DBA \_\_\_\_\_

Physical Address \_\_\_\_\_  
*Street, Suite No City State Zip*

Mailing Address \_\_\_\_\_  
*Street, Suite No City State Zip*

Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

FEIN \_\_\_\_\_

N/A (if sole proprietor who will not require hired staff)

**ATTORNEY INFORMATION**

Check this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf

Attorney Name \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street, Suite No City State Zip*

Email Address \_\_\_\_\_

Staple Payment Here  
Payable to  
**GAMBLING  
CONTROL DIVISION**

**SECTION III**  
**OWNERSHIP & MANAGEMENT INFORMATION**

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The applicant is a: *(See information checklist for documents required for each ownership type)*

**Ownership Type:**

- Individual(s)/Sole Proprietor(s)
- General Partnership
- Limited Partnership
- Limited Liability Company
- Limited Liability Partnership
- C Corporation
- Subchapter S Corporation
- Publicly Held Corporation

**Are any individuals and/or partners  
Joint Tenants with Rights of Survivorship (JTROS)?**

No                       Yes

List all owners, partners, members, officers and/or directors of entity applying. Please include SSN for individuals and FEIN for entities. Each individual listed below must submit two completed fingerprint cards, personal/criminal history statements and fees. Use additional sheet of paper if necessary. For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.

Name (First, MI, Last) \_\_\_\_\_ Title \_\_\_\_\_  
DOB \_\_\_\_\_ SSN or FEIN \_\_\_\_\_ Number of Shares \_\_\_\_\_  
Address \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_ %

Name (First, MI, Last) \_\_\_\_\_ Title \_\_\_\_\_  
DOB \_\_\_\_\_ SSN or FEIN \_\_\_\_\_ Number of Shares \_\_\_\_\_  
Address \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_ %

Name (First, MI, Last) \_\_\_\_\_ Title \_\_\_\_\_  
DOB \_\_\_\_\_ SSN or FEIN \_\_\_\_\_ Number of Shares \_\_\_\_\_  
Address \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_ %

**Management Type:**

If member managed, this must be addressed in corporate documents or management agreement.

- Entity                       Individual                       Owner managed                       Not known at this time

Provide the following information for each management employee. If applying as an entity, include the manager of the day-to-day operation for the business. Attach management agreement if applicable. Each individual listed below must submit two completed fingerprint cards, personal/criminal history statements and fees.

Name (First, MI, Last) \_\_\_\_\_ DOB \_\_\_\_\_ SSN/FEIN \_\_\_\_\_  
Address \_\_\_\_\_ Salary \_\_\_\_\_

Name (First, MI, Last) \_\_\_\_\_ DOB \_\_\_\_\_ SSN/FEIN \_\_\_\_\_  
Address \_\_\_\_\_ Salary \_\_\_\_\_

**SECTION IV**  
**FINANCIAL & OWNERSHIP INFORMATION**

*(Use additional paper if necessary)*

1. Do any listed owners have a financial or ownership interest in any other gambling or alcoholic beverages license?

No       Yes *(If yes, identify below)*

Individual's Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_  Alcohol     Gambling

Individual's Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_  Alcohol     Gambling

2. Do any listed owners, through a business or family relationship, share in the profits or liabilities of any other gambling or alcoholic beverages license?

No       Yes *(If yes, identify below)*

Individual's Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_  Alcohol     Gambling

Individual's Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_  Alcohol     Gambling

3. Do any persons or entities not listed as owners have an ownership interest in, derive income from or have liabilities associated with the business proposed for licensing?

No       Yes *(If yes, identify below)*

Individual's Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_

Association \_\_\_\_\_

4. Has any listed owner ever been denied a gambling or alcoholic beverages license? *If yes, describe the basis for the denial on an additional sheet of paper.*

No     Yes

5. Has any listed owner ever been issued a gambling or alcoholic beverages license by any other agency, state, nation or jurisdiction?

No       Yes

Individual(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

If so, was that license ever subject to adverse action by the issuing authority? *If yes, describe the nature of the action and its ultimate disposition on an additional sheet of paper.*

No       Yes

6. Provide the following information for all of the applicant's operating, investment or any other business account(s), (i.e., saving and checking accounts). Please submit a copy of the corresponding bank signature card.

Institution Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Account Number \_\_\_\_\_ Address \_\_\_\_\_

Signatories \_\_\_\_\_

Institution Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Account Number \_\_\_\_\_ Address \_\_\_\_\_

Signatories \_\_\_\_\_

Institution Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Account Number \_\_\_\_\_ Address \_\_\_\_\_

Signatories \_\_\_\_\_

7. Complete the following:

N/A (check here if no transaction/purchase prices)

a. Purchase price of real property \$ \_\_\_\_\_

b. Purchase price of personal property \$ \_\_\_\_\_

c. Purchase agreements \$ \_\_\_\_\_

**d. Total purchase price \$ \_\_\_\_\_**

i. Earnest money deposit/down payment \$ \_\_\_\_\_

ii. Total amount paid at closing \$ \_\_\_\_\_

iii. Balance due in contractual payments \$ \_\_\_\_\_

Purchase Agreements  N/A

Submit copies of all purchase documents associated with the business proposed for licensing and all bills of sale.

Seller \_\_\_\_\_

Purchaser \_\_\_\_\_

Terms \_\_\_\_\_

8. Provide the following information for each outstanding loan and/or financial obligation (institutional or non-institutional lender [NIL]) obtained or used for the purpose of operating/purchasing this business. Send signed copies of all loans/agreements/contracts/notes/letter of commitment and all related security agreements, guarantees and trust indentures. **Note: NIL (Form 13) must be filed with the application if any lenders are an individual or entity that are not a state or federally regulated financial institution. NIL is also required if financing is a gift. All non-institutional lenders must complete a Personal/Criminal History Statement (Form 10). Two fingerprint cards and fees must be submitted for each individual providing financing. Use additional paper if necessary.**

N/A (Check if not applicable)

Creditor's Name \_\_\_\_\_ Date Acquired \_\_\_\_\_ Date Due \_\_\_\_\_

Creditor's Address \_\_\_\_\_

Loan Amount \_\_\_\_\_ Loan Number (if applicable) \_\_\_\_\_

Creditor's Name \_\_\_\_\_ Date Acquired \_\_\_\_\_ Date Due \_\_\_\_\_

Creditor's Address \_\_\_\_\_

Loan Amount \_\_\_\_\_ Loan Number (if applicable) \_\_\_\_\_

Creditor's Name \_\_\_\_\_ Date Acquired \_\_\_\_\_ Date Due \_\_\_\_\_

Creditor's Address \_\_\_\_\_

Loan Amount \_\_\_\_\_ Loan Number (if applicable) \_\_\_\_\_

9. List additional sources of funding, if applicable (include documentation such as six months of bank/investment account statements for verification):

Source \_\_\_\_\_ \$ \_\_\_\_\_

Source \_\_\_\_\_ \$ \_\_\_\_\_

Source \_\_\_\_\_ \$ \_\_\_\_\_

10. Has the applicant filed a state and/or federal income tax return for the business?

No  Yes (If yes, submit a signed copy of most recent filed state and federal income tax returns)

11. Attach a copy of the applicant's most recent financial statements reflecting the business operation for which the application is being submitted. If the business is prospective or has been operating for less than one year, a balance sheet and an income statement must be estimated. **Failure to supply adequate financial information will result in delay, denial or return of this application.** You must include the following:

- a. Balance Sheet listing all assets, liabilities and owner equity in business
- b. Income Statement listing amounts and types of income and expenses for the business

12. Are there any persons or business entities that have an option to purchase any share of the business or property?

No  Yes (If yes, complete the following and submit a copy of the agreement)

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

13. Has any listed owner ever filed for bankruptcy?

No  Yes (If yes, explain current status) \_\_\_\_\_

14. Does any person or entity other than the applicant own any assets associated with the licensed operation?

*Note: Ownership of an asset utilized in the licensed business by any person or entity other than the applicant requires a copy of a written lease and identification of the lease relationship in Section IV, Subsection B.*

No  Yes (If yes, complete the following)

Assets Owned \_\_\_\_\_ Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

15. In what location(s) do you plan to operate if licensed? Please submit a copy of the contract if available.  
Disclaimer: You must obtain applicable permits prior to offering the activities.

Location \_\_\_\_\_

Location \_\_\_\_\_

Location \_\_\_\_\_

16. Record Keeping

a. Who maintains the applicant's financial business records?

Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

b. Who prepares the tax returns, government forms and reports for the applicant?

Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

17. Are there any unsatisfied civil judgments against the applicant or any persons or entities listed as owners at this time?

No       Yes (If yes, explain) \_\_\_\_\_

18. Has the applicant or any persons or entities listed as owners ever been a party to a lawsuit, either as a plaintiff or defendant? If so, provide a detail of each.

No       Yes (If yes, explain) \_\_\_\_\_

**SECTION V**  
**DECLARATION AND AUTHORIZATION**

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I, \_\_\_\_\_, declare under the penalty of false swearing that I am the applicant or duly authorized representative of the entity making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Montana Code Annotated 45-7-202, 45-7-203 and 45-7-208, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure and release to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling and/or liquor licensure, whether the records are of a public, private, or confidential nature.

Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Date \_\_\_\_\_

This application must be completed in full and all requested attachments must accompany it.  
Delay, denial or the return of the application will result if incomplete.

**Additional information may be required  
during the review of your license application.**

## SECTION VI CHECKLISTS

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Please submit the documentation required for your entity type. Failure to provide all applicable documentation will delay the processing of this application.

**NOTE: For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.**

### **Partnership Agreement Documentation:**

- Federal Employer Identification Number verification from the IRS
- For newly formed partnerships, attach a copy of the application/certificate for registration of the partnership filed with the Secretary of State
- For existing partnerships, attach a copy of the renewal of partnership filed with the Secretary of State in the Partnership name
- Verification of the Assumed Business Name as filed with the Secretary of State
- Personal/Criminal History statement(s) (Form 10) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each person (*including officers and directors*) involved in the ownership of the license

### **Limited Liability Company:**

- Federal Employer Identification Number verification from the IRS
- Articles of Organization
- Organization Minutes
- Certificate of Fact or Certificate of Existence
- Verification of the Assumed Business Name as filed with the Secretary of State
- Other member agreements
- Personal/Criminal History statement(s) (Form 10) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each person (*including officers and directors*) involved in the ownership of the license

### **Corporation:**

- Federal Employer Identification Number verification from the IRS
- Articles of Incorporation and Amendments or Addendums thereto
- Bylaws and amendments or addendums thereto
- Certificate of Incorporation
- Certificate of Existence (*for Montana corporations*)
- Authority to do Business in Montana (*for out-of-state corporation*)
- Corporate Minutes and attachments
- Share issuance records
- Share Certificates
- Stock Ledger or Register
- Verification of Assumed Business Name as filed with the Secretary of State
- Personal/Criminal History statement(s) (Form 10) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each person (*including officers and directors*) involved in the ownership of the license

**Management Information Checklist:**

Employment, Management and Other Agreement(s) and Contract(s). If you are applying as other than a sole proprietor (*i.e., Corp, LLC, Partnership, LLP, and the officers/directors/members/partners are the managers*), duties must be covered in the organization minutes or provide a management agreement.

- Personal/Criminal History Statement(s) (Form 10) on all management personnel
- Two fingerprint cards and fees for each manager

**Financial Information Checklist:**

- Send signed copies of all loan agreements, contracts, notes and all related security agreements, guarantees and trust indentures. **Note: NIL form must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions, including gifting statements**
- Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms.
- Financial statement(s) (*i.e., balance sheet and income statement or tax return for the business*)
- Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, all bills of sale, deeds or other documents reflecting title transfer of assets purchased
- Purchase agreement for equipment/location. Provide copies of all documentation to verify source of funding for purchase (*e.g., 6 months of bank/investment account statements*).
- Bank signature card and authorization forms for all of the applicant’s operating, investment or any other business accounts. (*e.g., saving and checking accounts*)
- Non-Institutional Lender (Form 13), if applicable.
- Personal/Criminal History Statement(s) (Form 10) for NIL only
- Two fingerprint cards for each individual or each individual of the entity loaning the money
- Contracts with licensed locations, if applicable

Please mail complete application, required documents and fees to:  
**Gambling Control Division**  
PO Box 201424  
Helena, MT 59620

