



Contract Manufacturing Application

ContractMfg
V1 9/2017

Section 1 – Contract Manufacturer Information

Entity Name _____

Business Name _____

Business Address _____

Mailing Address (if different) _____

Email Address _____ Phone _____

License Number - - -

Section 2 – Client Information

Entity Name _____

Business Name _____

Business Address _____

Mailing Address (if different) _____

Email Address _____ Phone _____

License Number - - -

Section 3 – Supporting Document Required ([see ARM 42.13.1003](#))

Contract Manufacturing Agreement. An agreement must be submitted with this application for department review and approval, prior to engaging in a contract manufacturing arrangement.

Section 4 – Declaration and Affidavit (*signature required for contract manufacturer and client*)

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Contract Manufacturer Signature Date Printed Name Title

Client Signature Date Printed Name Title

Mail this application with the required agreement to:

Department of Revenue
Alcoholic Beverage Control Division
PO Box 1712
Helena, MT 59624-1712