



Concession Agreement Request

CON-AGREE
LCD 17
V2 12/2021

Section 1 – Licensee Information

Entity Name _____
 Business Name _____
 Business Address _____
 Mailing Address (if different) _____
 Email Address _____ Phone _____
 License Number - - -

Section 2 – Concessionaire’s Information

Entity Name _____
 Business Name _____
 Business Address _____
 Mailing Address (if different) _____
 Contact Name _____
 Email Address _____ Phone _____
 FEIN -

Section 3 – Required Fees, paid by Concessionaire

New Concession Agreement Application Processing Fee (or existing Concessionaires electing to operate under the new terms of agreement)	\$500
Processing Fee	\$100
TOTAL Enclosed \$	_____

Section 4 – Required Documents

- **Proposed Concession Agreement.** A new agreement must be submitted for review and approval prior to execution and/or its effective date. The proposed agreement must meet all requirements in [ARM 42.12.133](#). You may use our Standard Concession Agreement (SCA), available on the website, or use your own.
- **Licensee’s existing and amended floor plans** documenting licensee’s premises and the new service area.
- **Copy of lease/sublease** to demonstrate the parties have a possessory interest over the licensed premises as defined by [16-3-311, MCA](#).

Section 5 – Declaration and Affidavit

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.

_____ Signature	_____ Date	_____ Printed Name	_____ Title
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Mail the required documents to:

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

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.