

## Veterans/Fraternal Organizations Special Permit Application

This form is to be completed by Veterans/Fraternal Organizations that do not possess an active alcoholic beverage license and are requesting a special permit.

A copy of your IRS tax-exempt certificate must be attached or on file with the department.

Please send your complete application and the appropriate fee to us at least **three (3) days** before your event.

Section 1 – General Information	
Name of Post or Lodge	FEIN
Contact Person	Phone
Email	
Physical Address of Post or Lodge Where Event Will be Held(Street Address	
Dates and times (24 hours only) for which Special Permit is requested_	<del>-</del>
Type of Event	
Section 2 - Type of Permit and Fees	
(Limited to a total of 12 permits per year)	
\$10 per day – Beer and Table Wine Special Permit	
\$20 per day – All Beverage Special Permit	
Total Amount Enclosed \$	
Section 3 – Questions	
1. Please check one. The applicant is:	
☐ A post of a nationally chartered veterans' organization	
☐ A lodge of a recognized national fraternal organization	1
2. Name of person in charge of and responsible for operations of	conducted under the Special Permit:

## Section 4 – Local Law Enforcement

Please have your local la	aw enforcement officia	al complete this section pric	or to sending in y	our application.
<b>!</b> ,		, hereby	□ Approve	☐ Disapprove
of the premises where t	the event is to be hel	d		
Signature	<del> </del>	Title		te
Section 5 - Declaration	n and Affidavit			
We will sell alcoholic be	everages only to our	members and their guests	under the spec	cial permit.
understand that a violat to revoke the permit. Ar	tion of any law or rule ny authorized employ	nces relating to the sale of e relating to the sale of alcore ee of the department, its ation of the event at any time	coholic beverage representative,	es will be reason
It is unlawful to sell alcoh	nol after 2 a.m., to per	sons under the age of 21, o	or to persons wh	o are intoxicated.
		dividuals, partners or men der or officer with authority		se of a corporate
I/We declare under pen attachments are true, co	•	g that the information prov	rided on this app	olication and its
Signature	Date	Printed Name	Title	
Signature	Date	Printed Name	Title	<del></del>
Mail completed applicat Montana Department of Alcoholic Beverage Cor PO Box 1712 Helena, MT 59604-1712	f Revenue ntrol Division	y documents to:		
Questions? Contact us by: Phone: (406) 444-6 Fax: (406) 444-072		elay at 711 for hearing imp	aired.	