



Application for Special Permit to Sell Table Wine (Licensed Domestic Winery Only)

WinSpec
V1 6/2013

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

Section 1 – General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation, or limited liability company (LLC) list the business' name below.

Name of Applicant(s) _____ FEIN/SSN _____

Contact Person _____

Telephone _____ Fax _____

Location of Principal Place of Business _____
(Street Address, City, State and Zip Code)

Name of Event _____

Location of Event _____
(Street Address, City, State and Zip Code)

Date(s) for which special permit is desired _____

Section 2 – Fees

\$10 per day – Montana Domestic Winery (limit 12 per year)

Total Amount Enclosed \$ _____

Office Use Only:	Account Number _____
Amount Paid \$ _____	Amount Owed \$ _____
Permit Number _____	
Number of Permits _____	of _____
Liquor License Number _____	

Name of Applicant(s) _____

Section 3 – Local Law Enforcement

Please have your local law enforcement official complete this section prior to sending in your application.

I, _____, hereby **Approve** **Disapprove**
the above event.

Signature Title Date

Section 4 – Declaration and Affidavit

We understand table wine can only be sold and consumed within the enclosure where the event is held and only on the above date(s). We declare that the location of the event is not within 600 feet and on the same street as a school or church. We understand that we cannot sell wine for off-premises consumption.

We will follow all the laws, rules and ordinances relating to the sale of table wine. We understand that a violation of any law or rule relating to the sale of table wine will be reason to revoke the permit. Any authorized employee of the department, its representative or any peace officer will have the right to examine the location of the event at any time.

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

Mail completed application and all necessary documents to:

Montana 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.