

Section 1 - General Information

For beer brewed in collaboration with another brewery, all brewers must be actively involved in the brewing of the beer. "Actively involved" means that all brewers were present for the brewing process. In the Participant Name field, please list the brewery information and individual(s) participating in the brewing of the collaboration beer for each brewery.

Host Brewery

Business Name of Brewery _____

License Number - - -

Contact Name(s) _____

Daytime Telephone _____

Email _____

Physical Address of Host Licensed Premises

Street Address _____

City, State, ZIP Code _____

Date of collaboration: _____ Name of collaboration beer: _____

Participating Breweries

Participants Name	Brewery Name	License Number
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 2 - Declaration and Affidavit (use additional attachments if necessary)

For beer brewed in collaboration with another brewery, including multiple breweries, no more than six distinct collaboration beers, brewed and fermented at another brewery, may be served in a calendar year.

By entering into this collaboration agreement all participating breweries agree to abide by [16-3-213\(4\), MCA](#).

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

Signature of Participant	Printed Name	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail Completed Form To:
Department of Revenue
Alcoholic Beverage Control Division
PO Box 1712
Helena, MT 59624-1712

Email to:
doralcoholicbeveragecontrol@mt.gov

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