

## Section 1—General Information

Name of Licensee \_\_\_\_\_

License Number   -     -     -

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Physical Address of Licensed Premises

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Mailing Address

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Section 2—Required Fees

One Time Application Fee per Each Additional Building or Structure...\$100

## Section 3—Additional Building Specifications

A licensee holding an all-beverages license or a resort area all-beverages license may apply to the department to have an additional building or other structure. Licensee may qualify for additional buildings if the licensed premises includes a hotel or short-term lodging facility, a swimming pool, a ski hill, or a golf course per [16-3-302\(5\), MCA](#). Please describe where the additional building(s) or structure(s) are in relation to the main licensed premises and where they are located on the plat of overall property.

---

---

---

---

---

---

## Section 4–Required Documents

- Current floor plan
- Proposed floor plan for each building and a plat of overall property, identifying the buildings that are intended to be licensed
- Proof of possessory interest in the additional building(s)
- Local building, health, and fire approvals for the additional building(s)
- Any additional documentation needed for the department to make a determination

## Section 5–Termination of Additional Building

If you choose to stop using the additional building or structure, you must notify the department by submitting an alteration request form.

## Section 6–Declaration and Affidavit

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

### Mail Completed Form To:

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

### Questions?

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