



# Alteration Request

(All License Types)

AltRet/LCD 8  
V3 8/2021

## Section 1 – General Information

Name of Licensee(s) \_\_\_\_\_

License Number ---

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

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

Daytime Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Physical Address of Premises \_\_\_\_\_  
(Street Address, City, State and ZIP Code)

Mailing Address \_\_\_\_\_  
(Address, City, State and ZIP Code)

## Section 2 – Proposed Alteration *(ARM 42.13.106 The department's approval of an alteration shall be valid for one year. Any alterations that are not completed within one year must be resubmitted to the department for approval.)*

Date you expect your alteration to be completed by: \_\_\_\_\_

Please give a short description below of your proposed alteration. Note any added square footage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 3 - Continuation of Operations During Alterations

Please mark  below whether you will continue or discontinue operations during the alteration.

- I will continue operations during the alterations of my premises. Please return the suitability checklist (enclosed).
- I will discontinue operations during the alterations of my premises. Please place my license on nonuse status.

## Section 4 – Suitability Checklist

1. Is the type of alcoholic beverages business readily determinable due to indoor and outdoor signage and the premises' general layout and atmosphere?  Yes  No
2. Are alcoholic beverages advertised and displayed as being available for purchase?  Yes  No
3. Does the physical layout and equipment utilized allow for licensee or employee control over the preparation, sale, service, and distribution of alcoholic beverages?  Yes  No
4. Does the proposed floor plan and dimensions represent the physical layout of the premises?  Yes  No
5. Does your premises meet building, health, and fire code regulations?  Yes  No
6. Can you show that adequate safeguards are in place to prevent the sale of alcoholic beverages to underage or intoxicated persons?  Yes  No
7. Is your premises open on a regular basis?  Yes  No
8. Do you understand that no alcohol self-service devices or vending machines may be used on the premises?  Yes  No
9. (Off-Premises only) Does your premises meet the standards for an establishment operated as a grocery store or a drug store licensed as a pharmacy?  Yes  No  NA
10. (On-Premises - Beer/Wine only) Does your premises meet the standards for an establishment dedicated to the on-premises consumption of alcoholic beverages or within a premises directly related to the on-premises consumption of alcoholic beverages?  Yes  No  NA
11. (On-Premises – Beer/Wine only) Does your premises meet the standards for an establishment operated as a restaurant or prepared food business?  Yes  No  NA
12. (On-Premises only) Does your premises have at least one stationary drink preparation area?  Yes  No  NA
13. (Restaurant Beer and Wine only) Does your premises meet the seating requirements in [ARM 42.12.146](#)?  Yes  No  NA
14. (On-Premises only) Will your premises be physically separated by floor-to-ceiling permanent walls from any other business conducted in the building, which is not directly related to the on-premises consumption of alcoholic beverages, and has inside access only through a single lockable door no more than 6 feet wide which can be closed and locked when not in use?  Yes  No  NA
15. (On-Premises only) If you operate under a concession agreement, do you have the required signage according to [ARM 42.12.133](#)?  Yes  No  NA
16. (Brewery, Winery, Distillery only) Does your premises have a sample room?  Yes  No  NA
17. (Brewery, Winery, Distillery only with a deck or patio) Is your deck or patio immediately adjacent to the sample room and only accessible from the sample room?  Yes  No  NA
18. (Brewery, Distillery only) Does your business sell, offer for sale, or give away alcoholic beverages only between the hours of 10 a.m. and 8 p.m.?  Yes  No  NA
19. (Brewery or Winery only) Is your premises located adjacent to an On-premises retail license? Permanent walls are not required, however you must have adequate physical separation as defined in [16-3-311 MCA](#).  Yes  No  NA

You may wish to contact local health, building and fire code officials prior to altering the premises to assure the proposed changes will meet their requirements.

**It is the licensee's responsibility to advise the department when the alteration project is complete.** Those officials interested in the alterations will be notified. Prior to department approval of your alterations, we need to receive the officials' acknowledgments that your altered premises meets the requirements each official enforces.

*On-Premises:* If your alteration plan includes additions to the premises not currently licensed, any sale or service of alcoholic beverages in those areas is prohibited until you receive department final approval of the alterations. Unauthorized operation could result in a violation and/or penalty. You are prohibited from making alterations to your premises that would locate any new entrances within 600 feet of, and on the same street as, a church or school.

### **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

#### **Mail completed form to:**

Montana 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, Fax: (406) 444-0722

### **Current Floor Plan**

Submit a floor plan showing the area to be licensed, using approximate dimensional measurements, including external dimensions and general layout. The floor plan must contain the name of the establishment, physical address, and the alcoholic beverage license number and the number of tables and chairs. All alcohol storage areas should be labeled. Indicate drive-through window if applicable. If the floor plan is for a restaurant beer/wine license, be sure the floor plan has the service bar area clearly designated, the kitchen and dining room labeled, and the amount of seating indicated. If a patio is present, label it and include the height of the wall around the patio. If the floor plan is for Off-Premises, show areas where beer and wine will be stored, displayed, and sold.

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Business Name

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Address

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Date

## Proposed Floor Plan

Please use this form to draw your **proposed** floor plan design. Submit a floor plan showing the area to be licensed, using approximate dimensional measurements, including external dimensions and general layout. The floor plan must contain the name of the establishment, physical address, and the alcoholic beverage license number and the number of tables and chairs. All alcohol storage areas should be labeled. Indicate drive-through window if applicable. If the floor plan is for a restaurant beer/wine license, be sure the floor plan has the service bar area clearly designated, the kitchen and dining room labeled, and the amount of seating indicated. If a patio is present, label it and include the height of the wall around the patio. If the floor plan is for Off-Premises, show areas where beer and wine will be stored, displayed, and sold.

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Business Name

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Address

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Date