

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

WinSpec V2 2/2024

The complete application and the appropriate fees must be received by us at least **five days** before your event.

Section 1 – General Information	
Name of Licensee	
Contact Person	
	Fax
Location of Principal Place of Business	(Street Address, City, State and Zip Code)
License Number	
Name of Event	
Location of Event(Street Ad	
Date(s) for which special permit is desired	
Section 2 – Qualification for Special Permit	
A winery may receive up to 12 special permits du fermented or blended at the winery's licensed pre	· ·
Do you ferment or blend wine at your licensed pr	
List the wines that are fermented or blended at yethe special event. Include the brand and fanciful	our licensed premises that will be offered for sale at lame.
Section 3 – Fees	
\$10 per day – Montana Domestic Winery (limit 12	2 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 4 – Local Law Enforcem	ent			
Please have your local law enforce application.	ement official comple	ete this section pric	or to sending in your	
ļ,		, hereby	Approve Disap	prove
the above event.		_		
Signature	Title		Date	
Section 5 – Declaration and Affic	<u>lavit</u>			
We understand that only table wine only be sold and consumed within the declare that the location of the church. We understand the special blended at our licensed premises for	he enclosure where event is not within 60 permit allows us to s	the event is held a 00 feet and on the s sell our products tha	nd only on the above da same street as a school at have been fermented	ate(s). or
We will follow all the laws, rules an a violation of any law or rule relatin authorized employee of the departi examine the location of the event a	ng to the sale of table ment, its representa	e wine will be reas	on to revoke the permit	t. Any
I declare under penalty of false swe of the entity making this application information, are true, correct, and o	n, and that the respo	• •		
Signature Da	te Prin	ted Name	Title	
Mail completed application and all	necessary documer	nts to:		
Montana Department of Revenue Alcoholic Beverage Control Divisio PO Box 1712 Helena, MT 59624-1712	n			

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