ALCOHOLIC BEVERAGE CONTROL DIVISION
MONTANA

Beer Connoisseur's License Application

Section 1 – Required Fees and License Information

Beer $50

Please enclose a copy of one of the documents below for proof of age and mark the appropriate box:

☐ Copy of birth certificate   ☐ Driver's license   ☐ Other state-issued identification

Section 2 – General Information

Applicant Name _____

Mailing Address _____
    Street Address or PO Box   City   State   Zip

Shipping Address_____
    Number and Street   City   State   Zip

Note: Beer cannot be shipped to post office boxes.

Email Address _____

☐ Yes, I would prefer to receive an annual reminder email to complete my renewal electronically.

Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐   Telephone Number _____

Section 3 – Questions

Do you agree to provide semi-annual (June 30 and December 31) reports to the Department of Revenue showing the quantity of beer you received by direct shipment and pay applicable taxes due?

☐ Yes   ☐ No

Do you agree to comply with all Montana laws and all Department of Revenue rules and regulations pertaining to the shipping of products? (Refer to 16-4-901; 16-4-902; 16-4-903; 16-4-910 and 16-6-301, MCA.)

☐ Yes   ☐ No

Section 4 – Declaration and Affidavit

This application is made for the purpose of licensing the above-mentioned connoisseur.

Montana law states "upon proof that any applicant made false statements in any part of the application, the application for license may be denied, and if issued the license may be revoked" (16-4-402, MCA).

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

Applicant Signature _____Date_____

Print Name_____

Please return this application 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.

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