

Noncontiguous Alcoholic Beverage Storage Area Request

(All Retail License Types)

Section 1—General Information

Name of Licensee _____

License Number - - -

Business Name _____

Contact Name _____

Daytime Telephone _____

Email Address _____

Physical Address of
licensed premises _____
(Street Address, City, State, and ZIP Code)

Mailing Address _____
(Street Address, City, State, and ZIP Code)

Section 2—Required Fees

One Time Application Fee \$100

Section 3—Safeguards

A licensed retailer may apply to the department to have a maximum of one, noncontiguous alcoholic beverage storage area. The storage area must be under the control of the licensed retailer if approved for onsite alcoholic beverage storage separate from its service area. The licensed retailer must also demonstrate that there are adequate safeguards in place to prevent public access to alcoholic beverages after hours. Safeguards may be by either the presence of a lockable door or other security features (such as rolling gates, locking cabinets, tap locks) or by key card access.

Please describe the safeguards you have in place: _____

Section 4—Required Documents

- Current floor plan
- Documentation showing where the noncontiguous alcoholic beverage storage area is located in relation to the current floor plan
- Proof of possessory interest in the noncontiguous alcoholic beverage storage area
- Local building, health, and fire approvals for the noncontiguous alcoholic beverage storage area
- Any additional documentation needed by the department to make its determination regarding the licensed retailer's request

Noncontiguous Alcoholic Beverage Storage Area Request (Continued)

Section 5—Termination of Noncontiguous Alcoholic Beverage Storage Area

If you choose to stop using the noncontiguous alcoholic beverage storage area, 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 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:

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

Business Name

Address

Date

Proposed Floor Plan

Business Name

Address

Date