



DOMESTIC WINERY LICENSE APPLICATION

Apply online!

[MTRevenue.gov](https://mtrevenue.gov)

Information for Completing Application

Please review the information provided to avoid any delays in the processing of your application.

Application Process

You are required to apply for your Basic Permit to manufacture table wine and to apply for the label approvals for your products through the Alcohol and Tobacco Tax and Trade Bureau (TTB). When you make your application with us, please send your application for Basic Permit to the TTB at the same time.

When we receive a completed application, we will contact you to let you know if your application meets our initial requirements or to request additional documents. It typically takes 60 to 90 days to process this type of application. The approval process includes:

1. Notifying local officials that we have received your application. We notify local officials that we have received an application to help us determine if any concerns or issues exist that may prevent the applicant or proposed location from qualifying for a license.
2. Requesting the Department of Justice to investigate the applicant(s) and location.

Once the Department of Justice has conducted its investigation, if both the location and applicant(s) meet the requirements under Montana law, our department will contact you to approve the transfer or issuance of the license.

Please Note: Wineries are required to file tax return Form WIT and pay the monthly tax for any table wine they ship directly to consumers. Your tax return will need to be filed even if you had no sales for the month.

Montana Code Annotated Definitions

“Table wine” means wine that contains not more than 16% alcohol by volume and includes cider. [16-1-106\(32\), MCA](#)

Any wine that contains more than 16% alcohol by volume is considered liquor and must be shipped through the Montana state liquor warehouse.

Additional Information Required When Completing Your Application

We have listed below the types of documents that are necessary for determining if an application is complete. Please review these lists carefully and send us copies of the required documents along with the applicable documents that reflect your business entity.

Required Documents

- Alcohol and Tobacco Tax and Trade Bureau (TTB) Federal Basic Permit to manufacture table wine
Label approvals for each brand and variety of table wine to be manufactured need to be sent to us once received from the TTB (label approvals from TTB will not delay the processing of your application; however, your products cannot be sold and distributed in the State of Montana without label approvals)

Please submit the documentation required for your entity type. Failure to provide all applicable documentation will delay the processing of this application. **Note: For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.**

Partnership Agreement Documentation

- Federal Employer Identification Number verification from the IRS
- For newly formed partnerships attach a copy of the application/certificate for registration of the partnership filed with the Secretary of State
- For existing partnerships attach a copy of the renewal of partnership filed with the Secretary of State in the Partnership name
- Verification of the Assumed Business Name as filed with the Secretary of State
- Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- Alcoholic Beverage Control Division authorization to disclose tax information for each entity and its members, shareholders or partners with 15% or more ownership

Limited Liability Company

- Federal Employer Identification Number verification from the IRS
- Articles of Organization
- Organization Minutes
- Certificate of Fact or Certificate of Existence
- Verification of the Assumed Business Name as filed with the Secretary of State
- Other member agreements
- Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- Alcoholic Beverage Control Division authorization to disclose tax information for each entity and its members, shareholders or partners with 15% or more ownership

Corporation

- Federal Employer Identification Number verification from the IRS
- Articles of Incorporation and Amendments or Addendums thereto
- Bylaws and amendments or addendums thereto
- Certificate of Incorporation
- Certificate of Existence (for Montana corporations)
- Authority to do Business in Montana (for out-of-state corporation)
- Corporate Minutes and attachments
- Share issuance records
- Share Certificates
- Stock Ledger or Register
- Verification of Assumed Business Name as filed with the Secretary of State

- Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- Alcoholic Beverage Control Division authorization to disclose tax information for each entity and its members, shareholders or partners with 15% or more ownership

Management Information Checklist

- Employment, Management and Other Agreement(s) and Contract(s). If you are applying as other than a sole proprietor (i.e. Corp, LLC, Partnership, LLP, and the officers/directors/members/partners are the managers), their duties must either be covered in the organization minutes or provide a management agreement
- Personal/Criminal History Statement(s) on all management personnel
- 2 Fingerprint Cards and fees for each manager

Financial Information Checklist

- Send signed copies of all loan agreements, contracts, notes and all related security agreements, guarantees and trust indentures. **Note: Non-institutional loan (NIL) form must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions, including gifting statements**
- Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms
- Franchise agreements
- Financial statements (i.e., balance sheet and income statement or tax return for the business)
- Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, all bills of sale, deeds or other documents reflecting title transfer of assets purchased
- Purchase agreement for the alcoholic beverage license including compensation, terms, the appropriate parties as buyer and seller and the license listed by number. Provide copies of all documentation to verify source of funding for purchase of the alcoholic beverage license. **Note: No assignments are allowed**
- Bank signature card and authorizations for all of the applicant's operating, investment or any other business accounts (i.e. saving and checking accounts)
- Authorization for examination and release of information for NIL only
- Personal/Criminal History Statement(s) for NIL only
- 2 Fingerprint Cards for NIL only

Premises Information Checklist

- Floor plan (including business name, alcoholic beverage license number, physical address, dimensions, seating, service bar, alcoholic beverage storage, etc. Do not send in the original blue prints, only a copy of the floor plan)
- Zoning documents

Please send your completed application (located on pages 1 through 4) and all required and applicable documents (listed on pages iv and v) to us at:

Montana Department of Revenue
 Liquor 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.



Domestic Winery License

DWL
LCD 27
V2 8/2021

Note: Those applying for a new license or transfer of location will need to include approvals of building, health and fire code officials before we can approve this application.

Section 1 – General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation, or limited liability company (LLC), list the business' name below.

Name of Applicant(s) _____

Federal Employer Identification Number -

OR

Social Security Number - -

Current License Number (if available) - - -

Business Name _____

Name of Person Managing the Business _____

Telephone _____ Fax _____

Cell Phone _____ Email Address _____

Physical Location _____
(Street Address, City, State and Zip Code)

Mailing Address _____
(Address, City, State and Zip Code)

- Check if you prefer to receive an annual reminder email to complete your renewal electronically.
- Check this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf.

Attorney Name _____ Phone _____ Email _____

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

Section 2 – Type of Transaction and Fees

Please check all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

- New License (\$400) \$ _____
- Transfer of Ownership
- Transfer of Location
- Corporate Structure Change
- Processing Fee (required for all transactions) \$ 200
- Direct Shipment Fee (\$50 when shipping directly to consumers) \$ _____
- Fingerprint Fee(s) (\$30 per individual) \$ _____

Total Amount Enclosed \$ _____ Payable to "Department of Revenue"



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Section 3 – Corporate Statement

All entities, except sole proprietorships, must provide the following information for all shareholders, members or partners. (Please attach additional pages if necessary.)

Please Print

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

Officers and Directors (Use additional sheet of paper if necessary.)

1	Officer or Director Name	SSN <i>(optional)</i>
	Address	
	Date of Birth <i>(optional)</i>	Title
2	Officer or Director Name	SSN <i>(optional)</i>
	Address	
	Date of Birth <i>(optional)</i>	Title
3	Officer or Director Name	SSN <i>(optional)</i>
	Address	
	Date of Birth <i>(optional)</i>	Title
4	Officer or Director Name	SSN <i>(optional)</i>
	Address	
	Date of Birth <i>(optional)</i>	Title

Section 4 – Questions

1. Does any applicant, member, shareholder or partner have ownership interest in a retail alcoholic beverage license, agency liquor store, beer wholesaler or table wine distributor license in any state or country?
 Yes If yes, please explain _____
 No
A manufacturer cannot hold any financial ownership or operational control in an agency liquor store, any retail alcoholic beverage license, beer wholesaler or table wine distributor license in Montana.
2. Does any person or entity listed as an owner, have a spouse, dependent child or dependent parent with an application pending for a retail alcoholic beverage license?
 Yes If yes, please explain _____
 No
3. Does any person or entity listed as an owner, have a spouse, dependent child or dependent parent that currently has a financial or ownership interest in a retail license?
 Yes If yes, please explain _____
 No
4. Does any person other than the applicant have financial interest in your business?
 Yes If yes, please list the name, address and give a brief description of the involvement. (Attach additional sheet if necessary.) _____
 No
5. Is the location to be licensed within a zone or area where the sale of alcoholic beverages is not allowed by city or county ordinances?
 Yes
 No
6. Do you own or are you purchasing the building proposed for licensing?
 Yes If yes, please send a purchase agreement or current tax bill.
 No If no, please send a lease agreement.
7. Do you own the furniture, fixtures and equipment used at the location?
 Yes
 No If no, please send a lease or purchase agreement.
8. Is the building ready for use?
 Yes
 No If no, please provide expected date of completion _____
 Building is newly constructed.
 Remodel of existing premises.

Section 5 – Temporary Operating Authority

The Montana Department of Revenue Alcoholic Beverage Control Division may grant temporary operating authority to an applicant who requests a transfer of ownership and intends to operate the business pending final approval, and who has not changed the location of the business. The authority may only be granted if the application meets the requirements of [ARM 42.12.208](#).

I would like to have temporary operating authority issued. Yes No

License number _____

To Be Completed By Applicant

The undersigned applicant requests authority to operate pending final approval of the license transfer. Temporary operating authority will be immediately revoked if the applicant or any employees violate any provision of the Montana Alcoholic Beverage Code or the department’s rules.

Signature of Applicant Date

Printed Name

I would like temporary operating authority issued on _____
Date

To Be Completed By Recorded Owner/Current Licensee

I authorize temporary operating authority to be granted to the applicant by the department, pending final approval of this application. I understand the applicant may not operate the business until temporary operating authority has been granted. I understand [ARM 42.12.208](#) states in part **“Any proposed fine, suspension or revocation arising out of a violation will be assessed against, and is the responsibility of, the recorded owner of the license.”**

Signature of Recorded Owner/Current Licensee Date

Printed Name

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

Signature Date Printed Name Title

Signature Date Printed Name Title

Mail completed application and all required and applicable documents to:

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

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