



Nonprofit Arts Organization Beer and Table Wine License Application

NON-BTW
LCD 44
V3 1/2022

Note: New license applications will need approvals from the building, health and fire code officials before we can approve this application. We can accept approvals by telephone, by mail or electronically.

Section 1. General Information

Name of Nonprofit Organization _____

Federal Employer Identification Number -

Business Name _____

Contact Person _____

Business Telephone _____ Cell Phone _____

Fax _____ Email Address _____

Physical Address of Premises to be Licensed _____
(Street Address, City, State Zip Code)

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

Section 2. Type of Transaction and Fees

This type of license must be renewed annually by June 30.

New License

\$250 New License Fee

\$400 Processing Fee (required for all transactions)

\$. Total Amount Enclosed

Section 3. Corporate Statement

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

- Is your organization operated for the principal purpose of providing artistic or cultural exhibitions, presentations or performances for viewing or attendance by the general public?
 - Yes
 - No
- Is your organization a non-profit arts organization governed under Title 35, Chapter 2 of the Montana Code Annotated?
 - Yes
 - No

If you answered **no** to either of the questions above, you do not qualify for this license.

- 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
- Does your organization own (or is purchasing) the building proposed for licensing?
 - Yes Please send a purchase agreement or current property tax bill.
 - No Please send a lease agreement.
- Does your organization own the furniture, fixtures and equipment used at the location?
 - Yes
 - No Please send a lease or purchase agreement.

6. Is the building complete and ready for use?

Yes

No Please provide expected date of completion _____

7. Will there be a manager to oversee the day-to-day operations of the liquor license?

Yes Please send a management agreement.

No

Section 5. Additional Application Materials

- Proof of possessory interest in the premises to be licensed such as a lease, purchase agreement or tax bill;
- Floor plan for premises, using approximate dimensional measurements, including external dimensions and general layout – on an 8-1/2" x 11" sheet of paper. Note: On the floor plan you will need to clearly mark the areas where alcohol will be served, sold and stored. The floor plan must contain outside dimensions, the name of the establishment, physical address and date;
- Bank Signature Card for the owning entity;
- Federal Employer Identification Number (FEIN) as filed with the Internal Revenue Service (IRS). You can apply for an FEIN on the IRS website at www.irs.gov by clicking on the link under Online Services;
- Management Agreement for any individual who manages the day-to-day business of the liquor operation;
- Personal History Statement and two fingerprint cards for each officer, director and/or manager;
- Articles of Incorporation issued by the Secretary of State's office;
- Copy of your tax exempt certificate issued by the Internal Revenue Service;
- Verification of the federal tax code section under which your operation received its federal tax exemption;
- Liquor Division Authorization to Disclose Tax Information form.

Section 6. Declaration and Affidavit

This application needs to be signed by two persons:

1. Presiding officer of the board of directors and the president; or
2. Presiding officer of the board or the president, and one vice president, secretary, treasurer, or executive director.

I/We declare under penalty of false swearing that the information provided on this application, including required and applicable documents, is 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

Questions? Call us at (406) 444-6900, Montana Relay at 711 for hearing impaired, or fax 406-444-0722.