

# Pre-Stocking and Delivery to Accommodation Units Endorsement Form

## 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)

**What is the name and physical address of the hotel or similar short-term lodging facility that the licensee is operating within?**

Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Street Address, City, State, and ZIP Code)

## Section 2—Required Fees

Application Fee..... \$100

## Section 3—Requirement Checklist

- Licensee must verify purchaser's age is 21 or older before the delivery of alcohol to guests of accommodation units or the pre-stocking of alcoholic beverages in accommodation units.
- Licensee must provide a written description of safeguards in place to prevent underage service in the pre-stocked accommodation units.

Any licensee or licensee's employee who pre-stocks or delivers alcohol must be in compliance with Montana's Responsible Alcohol Sales and Service Act.

**Summary of Safeguards in Place to Prevent Underage Service:**

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**Pre-Stocking and Delivery to Accommodation Units Endorsement Form (continued)**

**Section 4—Declaration and Affidavit**

The undersigned acknowledges that submission of this pre-stocking and delivery to accommodation units application does not constitute department approval and that the pre-stocking and delivery to accommodation units endorsement may only occur after approval by the department. The undersigned further acknowledges that failure to comply with the department's laws and rules may subject the licensee to administrative action.

I declare under penalty of false swearing that I am the licensee or duly authorized representative of the licensed entity, 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.