

# Alcoholic Beverage/Gambling Operator Short Form



## Section 1 – Purpose and Fees

Certain transactions may be reported to the department(s) on an amended application form. See the listing below and make the appropriate selection. Clicking the link accordingly should open a PDF document which contains instructions and a checklist of the required documents that must be submitted with the application. If you have trouble accessing the checklist, contact GCD at (406) 444-1971.

**FOR OFFICE USE ONLY**

Check Number \_\_\_\_\_  
 Processing Fee Paid \$ \_\_\_\_\_  
 Fingerprint Fee Paid \$ \_\_\_\_\_

CLEAR FORM

[\\*Alcoholic Beverage License Type Change](#)

[\\*Business Entity Type Change](#)

[Change in Ownership \(Alcoholic Beverages only - less than 10%\)](#)

[Death of a Licensee](#)

[Disclosure of a New Owner \(Alcoholic Beverages only - more than 0% and less than 10%\)](#)

[Divorce Among Licensees](#)

[\\*Foreclosure \(Intending to Operate with Alcoholic Beverages\)](#)

[\\*Foreclosure \(Not Intending to Operate\)](#)

[Gifting Among Licensees](#)

[\\*Increase of Current Ownership Interest \(from less than 10% increasing to more than 10%\)](#)

[Sale Among Licensees](#)

[Transfer of Location for Gambling Manufacturer, Distributor, Route Operator](#)

[\\*Transfer of Location for On Premises \(ONP\) / Gambling Operator Account \(GOA\)/](#)

[Wholesaler & Distributor \(WSL\)/ Brewery \(DBR\)/ Distillery \(DSM\)](#)

<i>Is the premises ready for use?</i>	Yes	No
<i>Newly constructed?</i>	Yes	No (Date of completion _____)
<i>Is this a remodel of existing premises?</i>	Yes	No (Date of completion _____)
<i>Within 600 feet of a church or school?</i>	Yes	No
<i>Operated under a concession agreement?</i>	Yes	No ( <i>Attach a copy of agreement, if so.</i> )

*Note: ARM 42.12.133 requires certain signage for premises operated under a concession agreement.*

\*There is a \$200 processing fee applies to alcoholic beverage licenses only. These transactions require Department of Revenue to publish a notice in the local newspaper.

## Reason for Application

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## Section II - General Information

Name of Current Licensed Entity \_\_\_\_\_  
(Sole Proprietor/Partnership/Corporation/LLC/LLP, e.g., Ann's Bar & Casino LLC)

Current Business Name (DBA) \_\_\_\_\_ FEIN \_\_\_\_\_

Name of New Entity (if applicable) \_\_\_\_\_

New Business Name/DBA (if applicable) \_\_\_\_\_

Account ID \_\_\_\_\_ Current License Number \_\_\_\_\_

Current Physical Address \_\_\_\_\_  
Street, Suite Number City State Zip

Proposed Physical Address (if applicable) \_\_\_\_\_  
Street, Suite Number City State Zip

Mailing Address \_\_\_\_\_  
Street, Suite Number City State Zip

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Attorney Information

Check this box and complete the information below if you wish to have all correspondence regarding this application sent to the attorney who submits this form on your behalf.

Not Applicable

Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street, Suite Number City State Zip

Email Address \_\_\_\_\_

## Section III – Declaration and Authorization

I, \_\_\_\_\_, declare under the penalty of false swearing that I am the applicant or duly authorized representative of the entity making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete. I understand if this application or attachment(s) contain false information, I am subject to the criminal penalties of Montana Code Annotated 45-7-202, 45-7-203 and 45-7-208, and revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure and release to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling or alcoholic beverage licensure, whether the records are of a public, private or confidential nature.

Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Date \_\_\_\_\_

**Mail this application, required documents, and fees to:**

Gambling Control Division  
PO Box 201424  
Helena, MT 59620

*Note: The Gambling Control or Alcoholic Beverage Control Division may require the applicant to send additional documents or information. This application and the documents and information provided will be reviewed under an amended license process and final approval will correspond with those procedures. If you have any questions, contact the Gambling Control Division at (406) 444-1971.*