



LOCATION MANAGER APPLICATION

Location managers must be disclosed within 30 days of beginning location manager duties.



Licensees must receive approval for location managers who provide general oversight and ensure compliance of the alcoholic beverage and/or gambling operations.

Licensee Information

Entity Name _____ Gambling Account ID _____
Business Name (DBA) _____ Alcoholic Beverage License No. _____
Phone _____ Email _____

Location Manager Information Gambling Only Liquor Only Gambling/Liquor Combined

Name (First, Middle, Last) _____

Does this location manager hold 15 percent or greater ownership interest in the alcoholic beverage license, any other alcoholic beverage license, or agency liquor store? Yes No

Does this location manager hold any ownership interest in another alcoholic beverage license or agency liquor store? Yes No

SSN _____ DOB _____

Location Manager's Physical Address _____

Location Manager's Mailing Address _____

Date Location Manager Duties Began _____

Compensation \$ _____ per hour week year

Other compensation _____

Is this location manager replacing another approved location manager at this premises? Yes No

If yes, please provide name of the location manager being replaced _____

Management Company Information (if applicable)

Business Name _____ Contact Name _____

Mailing Address _____

Phone _____ Email _____

Compensation \$ _____ per hour week year

Please complete a Business Statement ([Form 30](#)) with the ownership and officer/director information of the management company. On-site representative should be entered in the Location Manager Information section above.

Certification

The undersigned acknowledges that the licensee may not transfer ultimate control or ownership of the license to a location manager and shall maintain an active participation in the business' operation to ensure the proper and lawful conduct of the business. The undersigned declares under the penalty of false swearing that undersigned is the licensee or the duly authorized representative of the licensed entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Authorized Licensee Signature _____ Date _____

Printed Name and Title _____

Please submit completed application, Personal History Statement ([Form 10](#)), two complete sets of fingerprint cards, and a \$30.00 fee to the address below. If the location manager holds 15 percent or greater ownership interest in the alcoholic beverage license, only the completed application is required. All fingerprint cards must be mailed to the address below. No electronic copies will be accepted.

Montana Department of Justice, Gambling Control Division
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