



ALCOHOLIC BEVERAGE – GAMBLING OPERATOR COMBINED ON-PREMISES LICENSE APPLICATION

For the purposes of this application, **Gambling Control Division** is referred to as **GCD**
and **Alcoholic Beverage Control Division** is referred to as **ABCD**.

Apply online!

Online applications must be submitted for the following: Alcoholic Beverage
Temporary Operating Authority approval, Gambling Temporary Operating Authority
approval, and approval of an Alcoholic Beverage License without a premise.

<https://tap.dor.mt.gov>

FOR ADDITIONAL ASSISTANCE, SEE THE GUIDE AT THE END OF THIS APPLICATION.

Our websites:

<https://dojmt.gov/gaming>
MTRevenue.gov

**ALCOHOLIC BEVERAGE – GAMBLING OPERATOR
COMBINED ON-PREMISES LICENSE APPLICATION**

Section I

FOR OFFICE USE ONLY: FORM 5

Gambling License No: _____
 Alcoholic Beverage License No: _____
 Check Number: _____
 Gambling Fee Paid: \$ _____
 Alcoholic Beverage Fee Paid: \$ _____
 Fingerprint Fee Paid: \$ _____

PURPOSE AND FEES *Check all appropriate sections below:*

<input type="checkbox"/>	New Alcoholic Beverage License Application	<input type="checkbox"/>	New Gambling License
<input type="checkbox"/>	Existing Alcoholic Beverage License <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Transfer of Ownership and Location <input type="checkbox"/> Corporate Structure Change	<input type="checkbox"/>	Gambling License Only (<i>Alcoholic Beverage License is not required for Live Keno/Bingo.</i>)
		<input type="checkbox"/>	Amended Gambling License

1.	Gambling Operator License Processing Fees:	Fees Due for Existing License	Fees Due for New License	Enter Amount Due
<input type="checkbox"/>	Nonprofit Organization	650.00	650.00	
<input type="checkbox"/>	Sole Proprietorship	900.00	900.00	
<input type="checkbox"/>	Partnership or Corporation	1,200.00	1,200.00	
2.	Alcoholic Beverage License Processing Fees:			
<input type="checkbox"/>	All Alcoholic Beverage License Applications	400.00	400.00	
3.	Alcoholic Beverage License Fees:			
<input type="checkbox"/>	Beer	N/A	200.00	
<input type="checkbox"/>	Add Wine Amendment to Existing Beer Only License	200.00	N/A	
<input type="checkbox"/>	Beer and Wine	N/A	400.00	
<input type="checkbox"/>	All-Beverage (<i>depending on location and population</i>)	N/A	400.00-800.00	
<input type="checkbox"/>	Restaurant Beer and Wine PLUS Seating Fees:		400.00	
	<input type="checkbox"/> 60 or less seats	N/A unless seating increases beyond current license	5,000.00	
	<input type="checkbox"/> 61-100 seats		10,000.00	
	<input type="checkbox"/> 101 or more seats		20,000.00	
4.	Veterans/Fraternal Organizations License Fees:			
<input type="checkbox"/>	Beer	N/A	50.00	
<input type="checkbox"/>	Beer and Wine	N/A	250.00	
<input type="checkbox"/>	All-Beverage (<i>depending on location and population</i>)	N/A	250.00-650.00	
5.	Other Licenses and Fees:			
<input type="checkbox"/>	Catering Endorsement for Beer and Wine	N/A	200.00	
<input type="checkbox"/>	Catering Endorsement for All-Beverage	N/A	250.00	
<input type="checkbox"/>	Resort Retail All-Beverages License (for first license issued in resort area that was determined before Jan. 1, 1999)	N/A	20,000.00	
<input type="checkbox"/>	Resort Retail All-Beverages License (for all licenses issued except as mentioned above)	N/A	100,000.00	
<input type="checkbox"/>	Golf Course Beer/Wine (<i>includes \$400 annual fee</i>)	N/A	20,000.00	
<input type="checkbox"/>	Continuing Care Retirement Community (CCRC) Limited All-Beverage	N/A	500.00	
<input type="checkbox"/>	City Beer due to competitive bidding (one-time fee)	N/A	25,000.00	
<input type="checkbox"/>	Nonprofit Golf Course	N/A	400.00	
<input type="checkbox"/>	Secured Party Addition	50.00	50.00	
<input type="checkbox"/>	Security Interest Addition	30.00	30.00	
<input type="checkbox"/>	Fingerprint Fee (<i>per individual</i>)	30.00	30.00	
			TOTAL	

Based on the actual cost incurred by the GCD in processing the license, GCD will refund any overpayment of the fee or collect an amount sufficient to reimburse GCD for any underpayment of actual costs. GCD will provide the applicant an itemized accounting of expenses.

Questions?
 See the Form 5 Guide
 or contact the GCD at (406) 444-1971

STAPLE PAYMENT HERE
Payable to: GAMBLING CONTROL DIVISION
This application may be completed online at <https://tap.dor.mt.gov>

Mail application to:
 Department of Justice
 Gambling Control Division
 2550 Prospect Avenue
 PO Box 201424
 Helena, MT 59620-1424

Section II

GENERAL INFORMATION

Name of Entity or Person Applying _____
(Sole Proprietor/Partnerships/Corp/LLC/LLP for example, Swanny's Bar LLC)

Assumed Business Name _____

Physical Address of Premises to be Licensed _____
Street, Suite No. City ZIP

Mailing Address _____
Street, Suite No. City State ZIP

Business Phone _____ Cell Phone _____

Fax _____ Email _____

FEIN _____
 N/A *(if sole proprietor who will not require hired staff)* Check this box if you wish to receive annual renewals electronically. Print your email address above if this option is selected.

Alcoholic Beverage License Number _____

AUTHORIZED REPRESENTATIVE INFORMATION

Check this box and complete the information below if you wish to have all correspondence sent to the third party who submitted this application on your behalf.

Authorized Representative Name _____ Business Phone _____

Mailing Address _____
Street, Suite No. City State ZIP

Email Address _____

The premises for licensing are located within:

- the boundaries of an incorporated city/town
- a distance of five miles of an incorporated city/town
- an unincorporated city/town or outside the boundaries of, and more than five miles distance from, any city/town whether incorporated or unincorporated

City of _____ County of _____

Section III

OWNERSHIP & LOCATION MANAGER INFORMATION

The ownership type of the applicant is: (See information checklist for documents required for each ownership type.)

- Individual(s)/Sole Proprietor(s)
- General Partnership
- Limited Partnership
- Limited Liability Company
- Limited Liability Partnership
- Charitable or Nonprofit Organization qualified under 26 U.S.C. 501(c)(3), (c)(4), (c)(8), (c)(10) or (c)(19)
- C Corporation
- Subchapter S Corporation
- Publicly Held Corporation

Are any individuals and/or partners Joint Tenants with Rights of Survivorship (JTROS)? <input type="checkbox"/> No <input type="checkbox"/> Yes

List all owners, partners, members, officers and/or directors of entity applying. Include SSN for individuals and FEIN for entities. Each individual listed below must submit two completed fingerprint cards, personal/criminal history statements, and fees. Use additional sheet of paper if necessary or Business Statement (Form 30). For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals and Business Statement (Form 30) for each entity until individuals are disclosed.

Name (First, MI, Last) _____ Title _____
DOB _____ SSN or FEIN _____ Number of Shares _____
Address _____ Percentage of Ownership _____ %

Name (First, MI, Last) _____ Title _____
DOB _____ SSN or FEIN _____ Number of Shares _____
Address _____ Percentage of Ownership _____ %

Name (First, MI, Last) _____ Title _____
DOB _____ SSN or FEIN _____ Number of Shares _____
Address _____ Percentage of Ownership _____ %

Management Type:

- Entity Individual Owner managed Not known at this time

Provide the following information for each location manager. If applying as an entity, include the location manager of the day-to-day operation for the business. Attach Location Manager Application if applicable. Each individual listed below must submit two completed fingerprint cards, personal/criminal history statements, and fees.

- Gambling Alcoholic Beverage Both

Name (First, MI, Last) _____ DOB _____ SSN/FEIN _____
Address _____ Salary _____

- Gambling Alcoholic Beverage Both

Name (First, MI, Last) _____ DOB _____ SSN/FEIN _____
Address _____ Salary _____

Section IV

A – FINANCIAL & OWNERSHIP INFORMATION

(Use additional paper if necessary.)

1. Do any listed owners have a financial or ownership interest in any other gambling or alcoholic beverage license?

No Yes *(If yes, identify below.)*

Individual's Name _____ Business Name _____

Address _____ Alcohol Gambling

Individual's Name _____ Business Name _____

Address _____ Alcohol Gambling

2. Do any listed owners, through a business or family relationship, share in the profits or liabilities of any other gambling or alcoholic beverage license?

No Yes *(If yes, identify below.)*

Individual's Name _____ Business Name _____

Address _____ Alcohol Gambling

Individual's Name _____ Business Name _____

Address _____ Alcohol Gambling

3. Do any listed owners have a financial or ownership interest in an agency liquor store?

No Yes *(If yes, identify below.)*

Individual's Name _____ Business Name _____

Address _____

Individual's Name _____ Business Name _____

Address _____

4. Do any listed owners or their immediate family (spouse, dependent children or dependent parents) have any affiliation to a manufacturer, importer, bottler or distributor of alcoholic beverages?

No Yes *(If yes, identify below.)*

Individual's Name _____ Business Name _____

Address _____

Individual's Name _____ Business Name _____

Address _____

5. Do any persons or entities not listed as owners have an ownership interest in, derive income from, or have liabilities associated with the business proposed for licensing?

No Yes (If yes, identify below.)

Individual's Name _____ Business Name _____

Address _____

Association _____

6. Has any listed owner ever been denied a gambling or alcoholic beverage license or had a gambling or alcoholic beverage license revoked? (If yes, describe the basis for the denial on an additional sheet of paper.)

No Yes

7. Has any listed owner ever been issued a gambling or alcoholic beverage license by any other agency, state, nation or jurisdiction? If so, was that license ever subject to adverse action by the issuing authority? (If yes, describe the nature of the action and its ultimate disposition on an additional sheet of paper.)

No Yes

Individual(s) Name _____ Date _____

Type of License _____ License Number _____

State _____ City _____ County _____ Country _____

8. Provide the following information for all of the applicant's operating, investment or any other business account(s), (for example, savings and checking accounts).

Institution Name _____ Phone _____

Account Number _____ Address _____

Name of Signatory or Signatories _____

Institution Name _____ Phone _____

Account Number _____ Address _____

Name of Signatory or Signatories _____

Institution Name _____ Phone _____

Account Number _____ Address _____

Name of Signatory or Signatories _____

9. Complete the following:

N/A (Check here if no transaction/purchase prices.)

a. Purchase price of real property \$ _____

b. Purchase price of personal property (i.e., FFE) \$ _____

c. Purchase price of alcoholic beverage license \$ _____

d. Total purchase price \$ _____

i. Earnest money deposit/down payment* \$ _____

ii. Total amount paid at closing \$ _____

iii. Balance due in contractual payments \$ _____

* (Earnest money may be paid to the license seller, not to exceed 5% of the license purchase price, but any additional funds or other consideration for the alcoholic beverage license may not be exchanged prior to Department approval unless held in escrow or temporary operating authority is granted.)

10. Provide the following information for each outstanding loan and or financial obligation (institutional or non-institutional lender [NIL]) obtained or used for the purpose of operating/purchasing this business. Send signed copies of all loans/agreements/contracts/notes/letters of commitment and all related security agreements, guarantees and trust indentures. **Note: NIL (Form 13) must be filed with the application if any lender is an individual or entity who is not a state or federally regulated financial institution. Each noninstitutional lender must complete a Personal/Criminal History Statement (Form 10). Two fingerprint cards (Card #FD-258) and fees must be submitted for each individual providing financing. Use additional paper if necessary.**

N/A (Check if not applicable.)

Creditor's Name _____ Date Acquired _____ Date Due _____

Creditor's Address _____

Loan Amount _____ Loan Number (if applicable) _____

Creditor's Name _____ Date Acquired _____ Date Due _____

Creditor's Address _____

Loan Amount _____ Loan Number (if applicable) _____

Creditor's Name _____ Date Acquired _____ Date Due _____

Creditor's Address _____

Loan Amount _____ Loan Number (if applicable) _____

11. List additional sources of funding for purchase of the license, if applicable. If funding is a gift, a Gifting Statement is required, along with a Personal/Criminal History Statement (Form 10), two fingerprint cards (Card FD-258), and fees for each individual providing gifted funds. (Include documentation such as six months of bank/investment account statements for verification.)

Source _____ \$ _____

Source _____ \$ _____

Source _____ \$ _____

12. Has the applicant filed a state and/or federal income tax return for the business?

No Yes

13. Attach a copy of the applicant's most recent financial statements reflecting the business operation for which the application is being submitted. If the business is prospective or has been operating for less than one year, a balance sheet and an income statement must be estimated. **Inadequate financial information will result in delay, denial or return of this application.** You must include the following:

- a. Balance Sheet listing all assets, liabilities, and owner equity in business
- b. Income Statement listing amounts and types of income and expenses for the business

14. Are there any persons or business entities that have an option to purchase any share of the business or property?

No Yes (If yes, complete the following and submit a copy of the agreement.)

Seller _____ Purchaser _____

Seller _____ Purchaser _____

Seller _____ Purchaser _____

15. Has any listed owner ever filed for bankruptcy?

No Yes (If yes, explain current status.) _____

Section IV

B – BUILDING/POSSESSORY INFORMATION

Does the applicant own the building proposed for licensing?

- No (If no, provide a current or proposed lease, rental or current or proposed purchase agreement showing the applicant has authority to operate in this location, including any other associated documents. **Note: A retailer is precluded from leasing property from a manufacturer or wholesaler of alcoholic beverages.**)
- Yes (If yes, provide evidence of ownership, such as tax statement or deed and any other associated documents.) **Note: If applicant owns property under a different entity than the applying entity, a lease is required.**

Name all persons or entities listed on:

1. Lease Contracts N/A Sub-lease

ABCD and/or GCD will not approve a lease that provides for payment of a percentage of alcoholic beverage revenue or a percentage of business revenue to any lessor, except for a video gambling machine location agreement between a route operator and an operator.

Lessor _____

Lessee _____

Sub-lessor _____

Sub-lessee _____

2. Do you have a Franchise Agreement?

- No Yes (If yes, provide a copy)

GCD will not approve a franchise agreement which provides for payment of a percentage of business revenue. ABCD will not approve a franchise agreement that provides for payment of a percentage of alcoholic beverage revenue but will allow for a percentage of gross sales to any franchisor.

Franchisor _____

Franchisee _____

3. Purchase Agreements N/A

(Submit copies of all purchase documents, including alcoholic beverage license and related guarantees, mortgages, security agreements or escrow agreements associated with the business proposed for licensing, and all bills of sale, deeds or other documents reflecting title transfer of assets purchased.)

Seller _____

Purchaser _____

Terms _____

Seller _____

Purchaser _____

Terms _____

Section IV

C – LICENSED BUSINESS ASSET OWNERSHIP

Does any person or entity other than the applicant own any assets associated with the licensed operation?

Note: Ownership of an asset utilized in the licensed business by any person or entity other than the applicant requires a copy of a written lease and identification of the lease relationship in Section IV, Subsection B.

No Yes (If yes, complete the following.)

Assets Owned _____ Owner's Name _____

Owner's Address _____

1. Check all gambling activities that you plan to offer on the premises once licensed. N/A

Disclaimer: You must obtain applicable permits prior to offering the activities.

Video Gambling Machines

Location Owned

Route Owned/Name of Route Operator (if known) _____

To Be Determined

Live Keno

Live Bingo

Live Card Tables

2. Record Keeping

a. Who maintains the applicant's financial business records?

Name _____ Phone _____

Address _____

b. Who prepares the tax returns, government forms and reports for the applicant?

Name _____ Phone _____

Address _____

c. Where are the financial books and records for the applicant's business kept?

Address _____ Phone _____

3. Are there any unsatisfied civil judgments against the applicant or any persons or entities listed as owners at this time?

No Yes (If yes, please explain.) _____

4. Has the applicant or any persons or entities listed as owners ever been a party to a lawsuit, either as a plaintiff or defendant? If so, provide a detail of each.

No Yes (If yes, please explain.) _____

5. Will any applicant or any persons listed as owners hold an ownership interest in more than three all-beverage licenses if this application is approved?.

No Yes (If yes, please explain.) _____

Note: An individual cannot hold ownership in more than three all-beverage licenses. [16-4-205, MCA](#)

Section V

PREMISES INFORMATION

A. Do the applicant's premises:

- No Yes Have permanently installed walls extending from floor to ceiling?
- No Yes Have a unique, clearly defined address that is not shared with another business *(for example, suite or unit designated)*
- No Yes Have another business operating out of the same premises?
(If yes, name of the business) _____
- No Yes Have a public external entrance that is shared with another premises for which a gambling operator license has been issued?
(If yes, name of business) _____
- No Yes Share a common internal wall with another premises to which a gambling operator license has been issued? If yes, explain and submit copy of the floor plan and also name of operators/owners _____
- No Yes Have a bar and at least 12 seats at the bar, tables, or booths independent of gambling machines?

B. Describe where the premises are located:

- No Yes Are the entrance doors of the premises proposed for licensing on the same street as, and within 600 feet of, the entrance doors of a building occupied exclusively as a church, synagogue, or other place of worship or school (except a commercially operated or post-secondary school)?
- No Yes Is the premises located within 150 feet of another premises licensed for on-premises alcoholic beverage consumption? *(as defined in 23-5-629, MCA)*
Name of second location _____

IF YES, COMPLETE 3-11

ONLY COMPLETE IF GAMBLING WILL BE AT LOCATION

- Does the second premises already have a permit for placement of video gambling machines?
- No Yes Is there a structural walkway between the two premises?
 - No Yes Is the second premises licensee affiliated with the application? *(If yes, please explain)*

 - No Yes Is an immediate family member related to the applicant within the ownership structure of the second premises licensee?
 - No Yes Do the two licensed premises share any common management personnel?
 - No Yes Would the applicant be considered a parent or subsidiary business entity to the second licensee?
 - No Yes Does any person or entity within the ownership structure of the applicant share a common business interest with any other person or entity within the ownership structure of the second licensee?
 - No Yes Are there any contractual agreements or financing agreements between the applicant and the second licensee?
 - No Yes Are there any investors common to the applicant and the second licensee?

Are the premises within any of the following defined zones where:

- No Yes Sale of alcoholic beverages is restricted by city or county zoning ordinance?
- No Yes Gambling is restricted by city or county zoning ordinance?

D. Are the premises:

- No Yes Ready for use?
- No Yes Newly constructed premises? *(If yes, indicate an estimated date of completion.)* _____
- No Yes Remodel of an existing premises? *(If yes, indicate an estimated date of completion.)* _____
- No Yes Operated under a concession agreement? *(If yes, attach a copy of the concession agreement.)*

Note: [ARM 42.12.133](#) requires certain signage for a premises operated under a concession agreement.

PREMISES INFORMATION (CONTINUED)

- E. On an 8½" x 11" sheet of paper, submit a floor plan showing the area to be licensed, using approximate dimensional measurements, including external dimensions and general layout. This floor plan must contain the name of the establishment, physical address and the alcoholic beverage license number (if applicable) and number of tables and chairs. All alcohol storage areas and service areas should be labeled. Floor plan must indicate seating for at least 12 at a bar, table or booth independent of gambling machines. If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated, the kitchen and dining room labeled, and the amount of seating indicated. If there is a patio, label it and include the height of the wall around the patio.
- F. Does the premises have an Access Control System (ACS)?
1. No Yes In order to use an ACS, the premises must have an active gambling license and notify the Alcoholic Beverage Control Division and local law enforcement before using the system by submitting the Access Control System Notification Form found on the Department of Revenue's website, MTRevenue.gov.
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Section VI

ALCOHOLIC BEVERAGE LICENSE INFORMATION

A. Restaurant Beer and Wine (RBW)

- N/A *Does not pertain to the license I am applying for.*
1. No Yes Do you understand beer and wine may only be served between the hours of 11 a.m. and 11 p.m.?
 2. No Yes Do you understand that beer or wine may not be sold for off-premises consumption?
 3. No Yes Do you understand that gambling may not be conducted on the licensed premises?
 4. No Yes Do you agree to maintain a service bar where alcoholic beverages are stored and prepared for table service delivery to patrons for on-premises consumption?
 5. No Yes Do you agree to serve beer and wine only to patrons who order food?
 6. No Yes Do you agree to ring up beer and wine sales separately from all other sales on each patron's bill?
 7. No Yes Do you agree that the majority of the food you serve, excluding any carry-out business, will not be sold in throw-away containers not reused in the restaurant?
 8. No Yes Do you agree to serve an evening dinner meal at least four days a week for at least two hours a day between the hours of 5 p.m. and 11 p.m.?
 9. No Yes Do you agree that at least 65% of the restaurant's annual gross income will result from the sale of food?
 10. No Yes Is the RBW license going in a restaurant that has an existing retail license selling any alcoholic beverages? *(If yes, you cannot proceed. Please call (406) 444-6900 for further assistance.)* [16-4-420\(2\)\(a\)](#)
 11. No Yes Has the applicant sold an on-premises retail license within the past year? *(If yes, you cannot proceed. Please call (406) 444-6900 for further assistance.)* [16-4-420\(2\)\(b\)\(i\) and \(ii\)](#)
 12. No Yes Has this RBW license applied for been active and operating for a period of 1 year from the date the original owner of the retail license was purchased? *(If no, you cannot proceed. Please call (406) 444-6900 for further assistance.)* [16-4-420\(7\)\(a\)](#)

B. Wine Amendment for On-Premises Beer License

N/A *Does not pertain to the license I am applying for.*

1. No Yes Do you operate a restaurant or prepared food business? "Prepared-food business" means a restaurant, except the food need not be prepared on-site. *(If yes, explain and attach a menu.)*

2. No Yes Do you have a minimum of 12 seats at the bar, tables and/or booths? **Note: this does not include gambling machines.**

C. Catering Endorsement

N/A *Does not pertain to the license I am applying for.*

N/A *This license has an existing catering endorsement.*

1. No Yes Do you wish to add a catering endorsement to the All-Alcoholic Beverage License?

2. No Yes Do you wish to add a catering endorsement to a Beer and Wine license? *(In order to receive a catering endorsement, your business must be primarily engaged in providing meals and table service.)*

3. No Yes Do you understand the event must be within 100 miles of the licensee's regular place of business per [16-4-111](#) or [16-4-204, MCA](#)?

4. No Yes Do you understand a licensee shall notify the local law enforcement agency that has jurisdiction over the premises where the catered event is to be held and a fee of \$35 must accompany the notice [116-4-111](#) or [16-4-204, MCA](#)?

5. No Yes Do you understand a catered event may only last for a maximum of three days, except that each licensee may have one special event per year that lasts up to seven days for a fair per [ARM 42.12.128](#)? (A fair is defined in [ARM 42.12.106](#).)

6. No Yes Do you understand a licensee holding a catering endorsement shall report, on or before the 15th day of each month, those events the licensee catered in the previous month per [ARM 42.12.128](#)? (The report shall include the date, time, the sponsor of the event, and place of the catered event.)

D. Continuing Care Retirement Community (CCRC) License

N/A *Does not pertain to the license I am applying for.*

1. No Yes Does your residential facility have a central dining area? *(If no, you cannot proceed. Please call (406) 444-6900 for further assistance.)*

2. No Yes Is your residential facility on one campus under the same operator? *(If no, you cannot proceed. Please call (406) 444-6900 for further assistance.)*

3. No Yes Does your residential facility provide to individuals 55 years of age or older an independent living option and a graduated level of care? The graduated level of care may include an assisted living facility. *(If no, you cannot proceed. Please call (406) 444-6900 for further assistance.)*

4. No Yes Is your residential facility administered under professional licensure by the Department of Public Health and Human Services? *(If no, you cannot proceed. Please call (406) 444-6900 for further assistance.) (If yes, provide your License/Certificate Type and License/Certificate Numbers below)*

License/Certificate Type _____

License/Certificate Number _____

Section VII

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) contains false information, I am subject to the criminal penalties of Montana Code Annotated 45-7-202, 45-7-203 and 45-7-208, and/or 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 and/or alcoholic beverage licensure, whether the records are of a public, private, or confidential nature.

Signature _____
Print Full Name _____
Title/Position _____
Date _____

This application must be completed in full and all requested attachments must accompany it.
Delay, denial or the return of the application will result if incomplete.

**Additional information may be required
during the review of your license application.**

Section VIII

CHECKLISTS

Submit the documentation required for your entity type.

Incomplete 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. Pre-approval by the Department is required prior to any gifting and transactions that require the exchange of funds.

Sole Proprietor:

- Federal Employer Identification Number verification from the IRS (if you plan on hiring employees)
- Verification of the Assumed Business Name as filed with the Secretary of State
- Personal/Criminal History statement
- Two fingerprint cards (Card FD-258) and fees
- Authorization to Disclose Tax Information from for buyer and seller (entity and members with 10% or more ownership)

Partnership Agreement:

- 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 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
- Two fingerprint cards (Card #FD-258) and fees (including officers and directors) involved in the ownership of the license
- Authorization to Disclose Tax Information form for each entity and its members, shareholders or partners with 10% or more ownership and for the seller (entity and members with 10% 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 (*if applicable*)
- Operating Agreement
- Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- Two fingerprint cards (Card #FD-258) and fees for each person (*including officers and directors*) involved in the ownership of the license
- Authorization to Disclose Tax Information form for each entity and its members, shareholders or partners with 10% or more ownership and for the seller (entity and members with 10% 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 corporations*)
- Corporate Minutes and attachments
- Share issuance records (These do not need to be executed at application stage. Executed documents will be requested at closing.)

- 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
- Two fingerprint cards (Card #FD-258) and fees for each person (*including officers and directors*) involved in the ownership of the license
- Authorization to Disclose Tax Information form for each entity and its members, shareholders or partners with 10% or more ownership and for the seller (entity and members with 10% or more ownership)

Charitable/Nonprofit 26 USC. 501 Status:

- Copy of the IRS letter of Nonprofit designation
- Federal Employer Identification Number verification from the IRS
- Personal History/Criminal History statement(s) for each individual involved in the ownership of the license
- Two fingerprint cards (Card #FD-258) and fees for each person (*including officers and directors*) involved in the ownership of the license

Location Manager Information Checklist:

Employment, Management and Other Agreement(s) and Contract(s). If you are applying as other than a sole proprietor (*for example, Corp, LLC, Partnership, LLP, and the officers/directors/members/partners are the managers*), duties must be covered in the organization minutes or provide a Location Manager agreement.

- Personal/Criminal History Statement(s) on all location management personnel
- Two fingerprint cards (Card #FD-258) and fees for each location manager

Financial Information Checklist:

- Send signed copies of all loan agreements, contracts, notes and all related security agreements, guarantees and trust indentures. **Note: An NIL (Non-institutional loan) 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. Co-borrowers and guarantors on institutional loans who are not the applicant must submit a Business Statement (Form 30) and Personal/Criminal History Statement and two fingerprint cards (Card #FD-258) with fee.**
- 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 (*if applicable*)
- Financial statement(s) (*for example, actual or projected balance sheet and income statements*)
- Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, and 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 (*for example, 6 months of bank/investment account statements*). **Note: No assignments are allowed.**
- Bank signature card and authorization forms for all of the applicant's operating, investment or any other business accounts (*for example, saving and checking accounts*)
- Gifting Statement (*if applicable*)
- Personal/Criminal History Statement(s) for NIL and gifting (*if applicable*)
- Two fingerprint cards (Card #FD-258) for each individual or each individual of the entity loaning the money NIL and Gifting (*if applicable*)

Premises Information Checklist

- Floor plan (*including business name, alcoholic beverage license number, physical address, outer dimensions, seating, service bar, alcoholic beverage storage, etc.*) Do not send in the original blueprints. Send only a copy of the floor plan (8½ x 11, one page).
- Zoning documents (*if applicable*)
- Certified Survey Affidavit (*if requested by department*)
- Concession Agreement (*if applicable*)



GUIDE TO THE ALCOHOLIC BEVERAGE – GAMBLING OPERATOR COMBINED ON-PREMISES LICENSE APPLICATION

For the purposes of this application, **Gambling Control Division** is referred to as **GCD**
and **Alcoholic Beverage Control Division** is referred to as **ABCD**.

Apply online!

Note: Applicants must submit online applications for Alcoholic Beverage
Temporary Operating Authority and Temporary Gambling Authority.

<https://tap.dor.mt.gov>

Our websites:

<https://dojmt.gov/gaming>

MTRevenue.gov

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ALCOHOLIC BEVERAGE TEMPORARY OPERATING AUTHORITY AND TEMPORARY GAMBLING AUTHORITY		TOA Form

Notice to Applicant

This guide is meant to assist you in completing the Alcoholic Beverage – Gambling Operator Combined On-Premises License Application. If you do not complete the entire application, it will be delayed, denied, or returned. The information in this guide is not a substitute for a careful examination of the alcoholic beverage/gambling laws, rules and the rights or obligations arising out of applying for alcoholic beverage/gambling licensure, or for seeking, where individual circumstances warrant, the independent advice of a professional, such as an accountant or attorney.

Once you complete the application, send the original application and all required documents to:

***Department of Justice
Gambling Control Division
2550 Prospect Ave
PO Box 201424
Helena, MT 59620-1424***
Phone (406) 444-1971
Fax (406) 444-9157

Processing an application generally takes three to four months based upon GCD and ABCD determination of receipt of a complete application and if there are no deficiencies or protests. The GCD will notify you upon receipt of your application and give you a contact name. It is important to understand that supplying the information requested does not guarantee approval of the license application. Until a determination has been made, any expenses you may incur prior to receiving approval of your license application should be considered at your own risk. You will be notified when a decision regarding the application has been made.

If you are applying for an alcoholic beverage license, it is the applicant's responsibility to determine if federal laws may require the applicant to obtain a permit from a federal agency. For further information contact:

*Alcohol and Tobacco Tax and Trade Bureau
<http://www.ttb.gov/>
(866) 240-0835*

Why the Combined Application?

Many of the requirements for alcoholic beverage and gambling licenses are very similar, and an alcoholic beverage license is a prerequisite to obtain some forms of gambling permits. GCD conducts the initial investigation of both alcoholic beverage and gambling licenses. Even though you submit only a single application, the final decision to approve or deny the license application is made by ABCD for alcoholic beverage licenses and GCD for gambling licenses.

What if I only want an alcoholic beverage license?

The combined application is designed so it can be used for a combined alcoholic beverage/gambling operator license application or independent licenses. There are check boxes for sections that do not apply to all licenses.

Who do I talk to about my application?

During the time your application is being processed, **direct all questions to GCD**. After an initial review of your application, you will be contacted by GCD and informed if additional information is needed or if the application is complete enough to continue processing. At this time, you will also be provided with the contact name of the person in GCD assisting you. If for some reason you do not have the name of a contact for the application, call GCD at (406) 444-1971.

Fingerprint Cards

Two properly completed fingerprint cards (Card #FD-258) for every required person must be completed and returned with the application. The individual can take the cards to a local law enforcement agency or to the Montana Department of Justice Division of Criminal Investigation for fingerprinting. Please note that some law enforcement agencies charge a fee for this service. This fee is separate from the processing fee that is required from GCD. Enclose the fingerprint cards and attach a check payable to GCD. If you have questions, contact the Gambling Control Division, Licensing Section.

There is a **SHORTER** application form available for licensees that are making certain changes.

You can use Alcoholic Beverage Gambling Operator Short Form when:

1. There is a change in ownership less than 10% (alcoholic beverage only).
2. There is a death of a licensee.
3. Disclosure of a new owner (more than 0% and less than 10% - alcoholic beverage only).
4. There is a divorce among licensees.
5. There is a foreclosure (not intending to operate).
6. There is a sale among licensees.
7. There is gifting among licensees.

The above changes do not require a processing fee; **the short form transactions below require a \$200 Processing Fee (alcoholic beverage licenses only)** when:

1. There is an entity type change.
2. There is a foreclosure (intending to operate).
3. There is an increase of current ownership interest (from less than 10% to more than 10%).
4. There is a license type change.
5. There is a transfer of location.

Section I

PURPOSE & FEES

(Page 1 of Application)

Which fees do I have to pay?

While there are a variety of fees, you will likely only pay three: one for the appropriate alcoholic beverage license, one alcoholic beverage processing fee, and one gambling license processing fee. Catering endorsement, wine amendment, fingerprint and secured party fees may be required in addition to other fees.

The processing fees for alcoholic beverage and gambling licenses are collected in different ways. The alcoholic beverage license processing fee is a flat fee, but the fee for a gambling license is the actual processing cost for the application. GCD collects an initial fee with the application, then collects any additional processing fees prior to any license and permit being issued, if any. If the fee is more than the actual cost of processing, the balance is refunded to you.

How do I calculate how much I will pay?

Complete Section I by checking the appropriate boxes relating to your application. Subsections 1-5 of Page 1 have associated fees. Mark the checkboxes according to your application type. Write the appropriate fees in the "Enter Amount Due" column. Once you complete all subsections, add the numbers in the "Enter Amount Due" for the total and enter that amount in the appropriate field.

How much do new gambling licenses cost?

Partnership, LLC, or Corporation - \$1,200

Sole Proprietorship - \$900

Nonprofit Organization - \$650

How much do new all-beverage licenses cost? (This includes nationally recognized Fraternal Organizations)

For establishments located at least five miles outside of incorporated cities and towns: \$400

For establishments located within five miles of an incorporated city/town:

- | | |
|------------------------------------|-------|
| a) of less than 2,000 population | \$400 |
| b) population between 2,000-5,000 | \$500 |
| c) population between 5,001-10,000 | \$650 |
| d) population of more than 10,000 | \$800 |

Nationally Chartered Veterans Organization: \$250-\$650, depending on population, and it is assessed at \$150 less than the above fees.

Original Resort License: Resort designation before Jan. 1, 1999, for the first resort license, \$20,000 one-time fee. Resort designation after Jan. 1, 1999, \$100,000 one-time fee (includes \$2,000 annual license fee).

Continuing Care Retirement Community License: \$500

What if I am unsure of the exact type of new alcoholic beverage license that I need and license fees?

Call the Department of Revenue at (406) 444-6900 to find out about the availability of licenses in your area and the appropriate license for your plans.

Section II

GENERAL INFORMATION

(Page 2 of Application)

What is the difference between a business name and an entity name?

The “business name” is the “DBA” (doing-business-as assumed business name as it is filed with the Secretary of State) or name you call your business. Your business name is also the name that normally appears on the sign advertising your establishment. The entity name represents the legal holder of the license (for example, corporation name, individual’s name, partnership name, etc.).

What address should I use?

The address is the physical address where the business is located. For the premises, list the actual street address for the business. For the mailing address, list where you want the mail from both GCD and ABCD to be sent.

Federal Employer Identification Number?

You must provide verification from the IRS of your FEIN. If you do not provide this, the application will not be processed. Note: An FEIN is required if employees will be hired.

Section III

OWNERSHIP & LOCATION MANAGER INFORMATION

(Page 3 of Application)

Who would be considered a location manager?

Anyone who provides general oversight of the alcoholic beverage operations and ensures compliance with alcoholic beverage laws and regulations is a location manager. The location manager designation is based upon duties performed rather than the job title assigned, as described in [Administrative Rules of Montana 42.12.132](#).

If I am the sole proprietor, shareholder, member, partner, etc., do I need to be reported as the manager and still file a location manager agreement?

If the location manager is an owner vetted pursuant to [16-4-401, MCA](#), on or before the deadline to renew the license in the year the owner commences location manager duties, the licensee shall submit the location manager application but does not need to resubmit the owner’s personal history statement, two complete sets of the owner’s fingerprint cards, or the fingerprint processing fee.

What will this information be used for?

This is to ensure all ownership interests are correctly reported to the divisions. This will help the GCD and ABCD determine if all ownership interests and liabilities have been reported to us about your business. It also allows us to know who is authorized to sign documents for the business.

Section IV

FINANCIAL INFORMATION

(Page 4 – 8 of Application)

Can I own more than one alcoholic beverage license?

A person may not be issued more than three all-beverage licenses, with the exception of a secured party issued an additional all-beverage license as the result of a default. A secured party must transfer ownership of any additional all-beverage license within 180 days of issuance.

What is a financial or ownership interest?

You have a financial or ownership interest in a business if you share in the profits, losses and liabilities of the business. This includes co-borrowers on business-related applicant loans, persons whose assets are cross-collateralized with those of the applicant (they let the applicant use their assets to secure a loan and lose those assets if the applicant defaults), persons who may be found in default under an obligation if the applicant defaults under a related agreement and vice versa (cross defaults). It also includes franchise fee recipients or any other person with an interest in a percentage of the applicant's sales or income. This is not an all-inclusive list. *(This does not include gambling machine route operators who by statute may receive a percentage of gross video gambling machine income or a fixed fee for leasing machines to the gambling operator. It is important to note that changes in ownership cannot occur without prior Department approval. This includes gifting and all transactions requiring the exchange of funds. See ARM, 42.12.209.)*

What is an NIL form (Form 13) and why do I need one?

A Non-institutional Loan (NIL) form (Form 13) is used to report loans from someone other than a state- or federally regulated financial institution. It is also used to report deferred payment agreements, gifts, or the transfer of a security interest. (for example, a relative wants to lend money to a licensee that owns the license.)

Why do I have to report funds that I loaned to the licensed business when I am a shareholder, member, partner?

GCD and ABCD are careful to examine all liabilities/sources of funding of the licensee in order to safeguard the integrity of the alcoholic beverage and/or gambling licenses.

What does "gifting" mean?

"Gifting" is defined as a licensee receiving funds from a non-institutional source of financing who does not require those funds to be repaid, and does not expect anything of value in return. The non-institutional source of financing must also provide a signed "Gifting Statement" declaring the above agreement.

Section V

PREMISES INFORMATION

(Page 9-10 of Application)

What are the general restrictions on premises?

Generally speaking, the premises needs to have permanently installed walls extending from floor to ceiling, an address unique to the establishment, and a public external entrance that is not shared with another premises for which a gambling operator license has been issued. It also may not be within 150 feet of another gambling establishment owned by a related party (if video gambling machine permits are requested), or within 600 feet of a place of worship or school.

Section VI

ALCOHOLIC BEVERAGE LICENSE INFORMATION

(Page 10-11 of Application)

What is the difference between a beer license with wine amendment, and a restaurant beer and wine license (RBW)?

A **beer license with wine amendment** does not have the food, service, and hours requirement that a restaurant beer and wine license does. This license must meet the standards for an establishment operated **either** as a prepared food business **or** a restaurant.

An **RBW** is a license created specifically for a restaurant business. There are several restrictions that do not apply to a regular beer license. For example, an RBW cannot have gambling; there can be no sales of alcohol for off-premises consumption; alcohol can only be sold to patrons who order food; the hours of operation are restricted to 11 a.m. to 11 p.m.; it must be open at least four nights a week for two hours each between 5 p.m. and 11 p.m. (This term does not mean a fast-food restaurant that, excluding any carry-out business, serves a majority of its food and drink in throw-away containers not reused in the same restaurant.)

How can my restaurant qualify for a wine amendment?

If you currently hold an on-premises consumption beer license, you need to document how the sale of wine for on-premises consumption would be supplementary to a restaurant or prepared-food business. You also need to have seating for 12 customers at tables and/or booths.

What can I do with a catering endorsement?

A catering endorsement allows a licensee to sell alcoholic beverages to persons attending a special event at a location that is not otherwise licensed for on-premises consumption. The licensee may not cater an event at which the licensee is the sponsor. The catered event must be within 100 miles of the licensee's regular place of business.

How can I qualify for a resort license?

To obtain a resort area designation, the resort area developer or landowner must submit an application with a plat setting for the resort area boundaries and designating the ownership of the lands within the resort area. The plat must show the location and general design of the buildings and other improvements existing or to be built in the resort area. A master plan for the development of the resort area may be filed by the resort area developer.

How can I qualify for a continuing care retirement community (CCRC) license?

To apply for a CCRC license the CCRC must have a central dining area at which the alcoholic beverages may be served or purchased for on-premises consumption. The CCRC must be administrated under professional licensure by the Montana Department of Public Health and Human Services and provide to individuals 55 years of age or older an independent living option and a graduated level of care.

Section VII

DECLARATION & AUTHORIZATION

(Page 12 of Application)

Who can sign?

Depending on how you are applying (i.e., individual, corporation, partnership, LLC, LLP, or nonprofit), the person(s) listed under Section III, (“List all owners, partners, members...”) are considered authorized representatives and must sign the application.

Section VIII

CHECKLISTS

(Page 13 – 14 of Application)

Checklists are designed to help ensure that required documentation is included with your initial application. Submitting a complete application will assist in the timely processing of your application.

ALCOHOLIC BEVERAGE TEMPORARY OPERATING AUTHORITY AND TEMPORARY GAMBLING AUTHORITY

*(This authority is only available for request with an online Form 5 application submission through TAP
<https://tap.dor.mt.gov>*

TOA Form

What is alcoholic beverage temporary operating authority and temporary gambling authority?

Alcoholic beverage temporary operating authority and temporary gambling authority allow an applicant to operate the proposed alcoholic beverage and gambling business while the Form 5 license application is being processed. This authority may only be issued to an applicant who requests a transfer of ownership, transfer of location, or a new license. It may be granted if the premises were licensed within the last 12 months, the premises were not altered from the last floor plan, and other required documents listed in the checklists in Section VIII are received. The granting of this authority does not guarantee approval of the application. Temporary operating authority does not mean the current licensee (in a transfer of ownership situation) is absolved from any liability of the alcoholic beverage operation. If the applicant violates any provisions of Title 16 Montana Code Annotated or department rules, temporary operating authority will be revoked. If the authority is revoked as described in [42.12.208\(5\)](#) or [23.16.509\(4\)](#), all alcoholic beverage and gambling activities on applicant’s premises must immediately cease. 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.