



## Alcoholic Beverage Licensing File/Information Request

The department will make public information available to the requesting person. Certain costs associated with fulfilling the request may be charged to the requester.

Specific Information Requested and Reason for Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Requesting \_\_\_\_\_

Licensee Name \_\_\_\_\_

Business Name (DBA) \_\_\_\_\_

License Number \_\_\_\_\_

Address of Licensed Premises \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

**Signature/Date** \_\_\_\_\_

Please sign above as acknowledgement to policy stated at top of page. Mail or fax back your signed request to:

Montana Department of Revenue  
Alcoholic Beverage Control Division  
PO Box 1712  
Helena, MT 59634  
FAX: (406) 444-0722

**Please note:** The requested file/information will be sent when your payment is received, if applicable.

Please call me at the number listed above to advise number of pages and copying fee, if applicable.

**Questions?** Visit our website at [revenue.mt.gov](http://revenue.mt.gov) or call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired.