



Request to Purchase Non-Beverage Ingredients Containing Alcohol

Your Business Name _____

Request Date

MM / DD / YYYY

Billing Address	Shipping Address

Contact Information (Requester)

Contact Name	Phone Number	Email
Alternate Contact	Phone Number	Email

Secretary of State Business # _____

► Please list type of business _____

Purpose for which product is being ordered _____

Product Description

Quantity	Size	Proof	Description (Please describe clearly.)	Gallons*

* Note: 128 ounces = 1 gallon; 1 barrel = 31 gallons; tote = 275 gallons

Supplier Information

Supplier Name	Email	
Contact Name	Phone Number	Email

I declare under penalty of false swearing that the information in this document is true, correct and complete.

Requester Signature _____ Date _____

Supplier: Complete the section below and return to DORAlcoholicBeverageControl@mt.gov for approval to ship to requester

Order will be filled Yes No Consumable Yes No

Denatured Yes No Invoice Number _____ (attach)

For Department of Revenue use only. Note: Will not be authorized until Supplier's section is completed and returned by Supplier.

We authorize _____ to ship the product(s) listed above to _____
(Supplier) (Requester)

Department of Revenue Signature _____ Date _____