



Importing Bulk Spirits for Manufacturing

Your Business Name _____

Request Date

M	M	/	D	D	/	Y	Y	Y	Y
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Billing Address	Shipping Address

Contact Information (Requester)

Contact Name	Phone Number	Email
Alternate Contact	Phone Number	Email

Please mark the appropriate box and provide the applicable information.

Distillery
 Brewery
 →
 License Number
 - - -

Secretary of State Business # _____

Purpose for which product is being ordered _____

Product Description

Quantity	Proof	*Container Type	**Gallons Per Container	***Category (From list)

* Container Type = Tote, Barrel or Other (please list)

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

*** Category = bourbon, vodka, rum or other (please list)

Supplier Information

Supplier Name	Email
Contact Name	Phone Number

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 _____