



Contract Manufacturing Application

Section 1 – Contract Manufacturer Information

Entity Name _____

Business Name _____

Business Address _____

Mailing Address (if different) _____

Email Address _____ Phone _____

License Number - - -

Section 2 – Client Information

Entity Name _____

Business Name _____

Business Address _____

Mailing Address (if different) _____

Email Address _____ Phone _____

License Number - - -

Section 3 – Supporting Document Required ([see ARM 42.13.1003](#))

Contract Manufacturing Agreement. An agreement must be submitted with this application for department review and approval, prior to engaging in a contract manufacturing arrangement.

Section 4 – Declaration and Affidavit (*signature required for contract manufacturer and client*)

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

_____	_____	_____	_____
Contract Manufacturer Signature	Date	Printed Name	Title

_____	_____	_____	_____
Client Signature	Date	Printed Name	Title

Mail this application with the required agreement to:

Department of Revenue
Liquor Control Division
PO Box 1712
Helena, MT 59624-1712