ALCOHOLIC BEVERAGE LICENSE APPLICATION

CITY OF GREAT FALLS
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8430
permit@greatfallsmt.gov

BUSINESS NAME _____

Type of entity: ☐ Corporation ☐ LLC ☐ LLP ☐ Other (Describe) _____

BUSINESS ADDRESS_____

MAILING ADDRESS _____

CITY_____STATE_____ZIP CODE _____

PHONE #_____EMAIL ADDRESS _____

STATE OF MONTANA LIQUOR LICENSE #_____

(PLEASE INCLUDE A COPY OF YOUR STATE OF MONTANA LICENSE)

OWNER NAME_____PHONE # _____

OWNER ADDRESS_____CITY/STATE_____ZIP _____

PLEASE INCLUDE ALTERNATE CONTACT INFORMATION FOR AN AUTHORIZED INDIVIDUAL:

_____

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☐ **SPECIALTY LICENSE (VARIABLE FEE) DATES_____**

☐ **$100.00 LICENSE TRANSFER FEE**

☐ **$200.00 BEER LICENSE**

☐ **$200.00 WINE LICENSE**

☐ **$400.00 BEER/WINE LICENSE**

☐ **$500.00 ALL-BEVERAGE LICENSE**

☐ **$600.00 BEER/WINE LICENSE & CATERING ENDORSEMENT**

☐ **$656.25 ALL-BEVERAGE LICENSE & CATERING ENDORSEMENT**

CERTIFICATION

By signing this document, I certify that I am eighteen (18) years of age or older and an agent of and authorized to bind the Business.

_____ _____

SIGNATURE **DATE**