Application for License to Sell Alcohol

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

State of Montana Liquor License # _____
(**PLEASE INCLUDE STATE OF MONTANA LIQUOR LICENSE COPY)**

Business Owner's Name _____

Business Owner's Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Please circle if this is a **partnership**, **corporation**, or **sole proprietor**; list the name, address & phone number of each partner or officer:

****

- ☐ **$50 LICENSE TRANSER FEE**
- ☐ **$100 BEER AND/OR WINE RETAILER'S FEE**
- ☐ **$100 LIQUOR RETAILER'S FEE**
- ☐ **$200 FULL SERVICE RETAILER'S FEE**

I HEREBY CERTIFY THAT I HAVE FILLED OUT THE ATTACHED APPLICATION TO THE BEST OF MY KNOWLEDGE.

_____ _____

SIGNATURE OF OWNER DATE