



Beer Wholesaler and/or Table Wine Distributor Sub-Warehouse License Form

SubApp
LCD 42
V2 2/2019

Note: Applications for a new Sub-Warehouse License or transfer of location will require approvals from the building, health and fire code officials before we can approve this application. You must already have a Beer Wholesale and/or Table Wine Distributor License to apply for a Sub-Warehouse License. You may also apply for this type of license electronically at MTRevenue.gov.

Section A – General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation or limited liability company (LLC), list the business name below.

Name of Applicant(s) _____

Federal Employer Identification Number -

OR

Social Security Number - -

Name of Location Manager _____

Business Name _____

Contact Person _____

Telephone _____ Fax _____

Cell Phone _____ Email Address _____

Check this box if you wish to receive future notices electronically.

Physical Address of Premises to be Licensed _____
(Street Address, City, State and Zip Code)

Mailing Address _____
(Street Address, City, State and Zip Code)

Section B - Type of Transaction and Fees

Please check all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

- Processing Fee required for all transactions \$ 100
 - New Beer Wholesaler Sub-Warehouse License \$ 400
 - New Table Wine Distributor Sub-Warehouse License \$ 400
 - Combined Beer/Wine Sub-Warehouse License \$ 800
- Total Amount Enclosed** \$ _____

Note: A Table Wine Distributor Licensee may have only one Sub-Warehouse License



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Section C – Business Statement

List all entity owners, partners, members or shareholders.

Please Print.

1	Name	SSN	% of Ownership
2	Name	SSN	% of Ownership
3	Name	SSN	% of Ownership
4	Name	SSN	% of Ownership
5	Name	SSN	% of Ownership
6	Name	SSN	% of Ownership

Officers and Directors

List all corporate officers and directors.

1	Name and Title	Phone Number
	Address	
2	Name and Title	Phone Number
	Address	
3	Name and Title	Phone Number
	Address	
4	Name and Title	Phone Number
	Address	
5	Name and Title	Phone Number
	Address	
6	Name and Title	Phone Number
	Address	



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Section D – Questions

1. Does any applicant, member, shareholder or partner have ownership interest in a retail liquor license, agency liquor store, beer wholesaler or table wine distributor license in Montana?
- Yes If yes, please explain _____
- No

A beer wholesaler or table wine distributor cannot hold any financial ownership or operational control in an agency liquor store, any retail liquor license, brewery or winery license in Montana.

2. Does any person other than the applicant have financial interest in your business?
- Yes If yes, please list the name, address and give a brief description of the involvement (attach additional paper if necessary) _____
- No
3. Is the location to be licensed within a defined zone or area where the sale of alcoholic beverages is restricted by city or county ordinances?
- Yes
- No
4. Does the applicant own or are you purchasing the building proposed for licensing?
- Yes If yes, please send a purchase agreement or current tax bill.
- No If no, please send a lease agreement.
5. Does the applicant own the furniture, fixtures and equipment used at the location?
- Yes
- No If no, please send a lease, rental or purchase agreement.
6. Is the premises complete and ready for use?
- Yes
- No If no, please provide expected date of completion _____
7. Do you have enough resources and space in your location for receiving, storing, handling and shipping beer or wine in large quantities for multiple customers?
- Yes
- No If no, please explain briefly how you plan to operate your business _____
- _____



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Section E – Brands (Breweries and Wineries)

Please be aware that all products must be approved by the Montana Department of Revenue prior to distribution.
Please attach an additional page if necessary.

Brands to be Distributed in Montana:

Brand Name	Brewery or Winery Name	Montana Liquor License Number	Percentage of Alcohol by Volume

Have you entered into any contract, agreement or franchise with the above named brewers or wineries?

Yes

No If *no*, please review Montana Code Annotated sections [16-3-221](#), [16-3-226](#) and [16-3-416](#), relating to these agreements and send the necessary documents to us. The laws can be found on our website at http://www.leg.mt.gov/bills/mca/title_0160/chapters_index.html.

Section F – Applicable Documents

The following items need to be included with your application:

- Basic Permit from the Alcohol and Tobacco Tax and Trade Bureau (TTB);
- Floor plan of the area to be licensed, using approximate dimensional measurements, including external dimensions and general layout, on an 8-1/2" x 11" sheet of paper. Note: On the floor plan you will need to clearly mark the areas where beer and wine will be stored. The floor plan must contain outside dimensions, the name of the establishment, physical address and date;
- Bank authorization and signature card for the business(es);
- Federal Employer Identification Number (FEIN) as filed with the Internal Revenue Service (IRS). You can apply for an FEIN on the IRS website at irs.gov by clicking on the link under Online Services;
- Documents verifying the applicant has possessory interest in the building where the business is operated; this can include items such as a lease, rental agreement, property tax bills, purchase option or finance agreement; and
- Written agreements with each brewery and winery.



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Section G - Declaration and Affidavit

This application must be signed by all individuals, partners or members. In the case of a corporate applicant, it may be signed by one shareholder or officer with authority to sign.

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.

_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title

Mail completed application and all required and applicable documents to:

Montana Department of Revenue
Alcoholic Beverage Control Division
PO Box 1712
Helena, MT 59624-1712

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired.



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