

Section 3–Declaration and Affidavit

I declare under penalty of false swearing that I am the licensee or the duly authorized representative of the entity making this notification for changes in business entity ownership, and that the responses provided, including any accompanying information, are true, correct, and complete.

Signature _____ Date _____

Printed Name _____ Title _____

Email Completed Form To: DORAlcoholicBeverageControl@mt.gov

OR Mail Completed Form To:

Department of Revenue
Cannabis & Alcohol Regulation Division (CARD)
PO Box 1712
Helena, MT 59624-1712

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