



Additional Building Request

Building Request
V2 10/2025

Section 1—General Information

Name of Licensee _____

License Number

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Business Name _____

Contact Name _____

Phone _____

Email _____

Physical Address of Licensed Premises

Street Address _____

City _____ State _____ ZIP _____

Mailing Address

Street or PO Box _____

City _____ State _____ ZIP _____

Section 2—Required Fees

One Time Application Fee per Each Additional Building or Structure...\$100

Section 3—Additional Building Specifications

A licensee holding an all-beverages license, a resort area all-beverages license, or operating a guest ranch may apply to the department to have additional buildings or other structures. Licensee may qualify for additional buildings if the licensed premises includes a hotel or short-term lodging facility, a swimming pool, a ski hill, or a golf course per [16-3-302, MCA](#). Please describe where the additional building(s) or structure(s) are in relation to the main licensed premises and where they are located on the plat of the overall property.

Section 4–Required Documents

- Current floor plan
- Proposed floor plan for each building and a plat of overall property, identifying the buildings that are intended to be licensed
- Plat-style map showing the location of each proposed additional retail service building or structure on the licensee's property
- Proof of possessory interest in the additional building(s)
- Local building, health, and fire approvals for the additional building(s)
- Any additional documentation needed for the department to make a determination
- An Alteration Request or Form 5 application must accompany this request

Section 5–Termination of Additional Building

If you choose to stop using the additional building or structure, you must notify the department by submitting an alteration request form.

Section 6–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 application for an additional building, and that the responses provided, including any accompanying information, are true, correct, and complete.

Signature _____ Date _____

Printed Name _____ Title _____

Mail Completed Form To:

Department of Revenue
Cannabis Alcohol Regulation Division
PO Box 1712
Helena, MT 59624-1712

Questions?

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