



Additional Building or Structure Located at Golf Course Request

ABCD Golf
V1 5/2023

Section 1-General Information

Name of Licensee _____

License Number - - -

Business Name _____

Contact Name _____

Phone Number _____

Email Address _____

Physical Address of Licensed Premises

Street Address		
City	State	ZIP Code

Mailing Address

Street Address		
City	State	ZIP Code

Section 2-Required Fees

The application fee for each additional building or structure is \$200.00. This fee can be paid electronically or by mail.

To pay electronically, visit our TransAction Portal (TAP) at <https://tap.dor.mt.gov>. You may pay with e-check for free or credit/debit card for a fee.

You may also make your payment via check or money order. Please enclose your payment with this form when you mail it. Do not staple or tape your check.

Section 3-Golf Course Specifications

A licensed retailer may apply to the department to have an additional building or other structure, one per nine holes of the golf course, that is designed to serve golfers during the course of play. Please describe how many holes the golf course has and where the additional building(s) or structure(s) are in relation to the main clubhouse and where they are located on the course:

Section 4-Required Documents

- Current floor plan
- Proposed floor plan
- Proof of possessory interest in the additional building(s) or structure(s)
- Local building, health, and fire approvals for the additional building(s) or structure(s)
- Any additional documentation needed for the department to make a determination

Section 5-Termination of Additional Building or Structure

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 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

Mail Completed Form and Payment (if applicable) To:

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

Questions? Call us at (406) 444-6900, Montana Relay at 711 for the hearing impaired,
FAX: (406) 444-0722