



# Alcoholic Beverage License Lease Application

ABLL/LCD 52  
V2 2/2019

*This application can only be used for leasing of an Alcoholic Beverage License owned by a public airport, a public golf course (owned by the state, a unit of the university system, or a local government), or held by the Montana Heritage Preservation and Development Commission. There is no fee required for this application.*

## Section 1 – General Licensee Information

Name of Licensee \_\_\_\_\_

Location Address \_\_\_\_\_

Alcoholic Beverage License Number (if existing license) \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Section 2 – General Lessee Information

*If lessee is an entity, please complete Section 3 – Lessee Corporate Statement for each shareholder, member, or partner.*

Name of Lessee(s) \_\_\_\_\_

Federal Employer Identification Number   -

**OR**

Social Security Number     -   -

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address, City, State and Zip Code)

Location Manager Name \_\_\_\_\_

### Section 3 – Lessee Corporate Statement

All entities, except sole proprietorships, must provide the following information for all shareholders, members or partners. Please include additional pages if necessary.

Please Print

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

### Officers and Directors

1	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
2	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
3	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
4	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title

## Section 4 – Additional Application Materials

### Please provide:

- A copy of any lease and any concession or other agreement between the lessee and the agency that owns and operates the licensed premises;
- A floor plan of the area to be leased, using approximate dimensional measurements, including external dimensions and general layout – on an 8-1/2" x 11" sheet of paper. On the floor plan you must clearly mark the areas where alcohol will be served, sold and stored. The floor plan must contain outside dimensions, the name of the establishment, physical address, and date;
- A copy of the bank signature card for the account from which the lessee's operating expenses will be paid;
- Federal Employer Identification Number (FEIN) as filed with the Internal Revenue Service (IRS). You can apply for a FEIN on the IRS website at [www.irs.gov](http://www.irs.gov) by clicking on the link under Online Services;
- A copy of the location manager application the lessee has entered into with any individual who manages or will manage the day-to-day business of the alcoholic beverage operation;
- A personal history statement and two fingerprint cards for each individual involved in the ownership, lease or management of the alcoholic beverage operation.
- Alcoholic Beverage Control Division Authorization to Disclose Tax Information form.

## Section 5 – Declaration and Affidavit

I, \_\_\_\_\_, declare under the penalty of false swearing that I am the applicant or duly authorized representative of the entity making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete.

I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Montana Code Annotated [45-7-202](#), [45-7-203](#) and [45-7-208](#), and/or revocation of any alcoholic beverages or gambling licenses granted pursuant to this application.

\_\_\_\_\_  
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, Montana Relay at 711 for hearing impaired, or fax 406-444-0722.