



# Supplement to Application for Montana Vendor Representative Permit

SUPAVP-2  
V2 4/2015

All vendor representatives must be a Montana resident in order to qualify.

Please provide proof of residence with a copy of your driver's license or other documentation issued by the State of Montana.

## Statement of Representative

Name \_\_\_\_\_

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

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

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

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you an employee, owner or officer of the distillery?

- Yes
- No

Do you directly or indirectly have a financial interest in any Montana licensed alcoholic beverage retailer or agency liquor store, either individually or as a partner, officer, director, shareholder or employee?

- Yes If yes, please list name and address \_\_\_\_\_
- No

## Declaration and Affidavit

I have agreed to promote liquor products for \_\_\_\_\_ and agree that the above information is true and correct. I have read and understand the laws and rules of the State of Montana regarding the advertising and promotion of alcoholic beverages and will abide by these laws and rules. Any statement found to be false or misleading in any respect may constitute cause for denial or revocation of registration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Mail 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 the hearing impaired.