



Application to Add Catering Endorsement to All-Alcoholic Beverages License

AABLCAT
LCD 14
V2 2/2015

You have two options for sending your request to us.

- ▶ Fill out your request online at MTRevenue.gov by registering on Taxpayer Access Point (TAP).
- ▶ Mail your request to the address listed below.

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

Section 1 – General Information

Name of Licensee(s) _____

Business Name _____

License Number - - -

Section 2 – Required Fees and License Information

Annual License Fee..... \$250

One-Time Processing Fee..... \$100

Total Due \$350 Total Enclosed \$ _____

Mailing Address _____

Section 3 – 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
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Questions? Call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired.



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