



DOMESTIC DISTILLERY ADDITIONAL MANUFACTURING BUILDING APPLICATION

**Contains information needed to apply for a
Domestic Distillery Additional Manufacturing Building**

Information For Completing This Application

The following is to assist you in completing your application for a Domestic Distillery Additional Manufacturing Building. Please review the information provided to avoid any delays in the processing of your application.

Montana Code Annotated 16-4-312. Upon approval by the department, a domestic distillery may own, lease, maintain, and operate additional buildings for manufacturing purposes. To seek approval, the licensee shall submit a form provided by the department and include:

- a. verification that the Alcohol and Tobacco Tax and Trade Bureau approved the licensee's registration to operate the additional manufacturing building(s) under the same basic permit;
- b. verification that local building, health, and fire officials approved the building for its intended use; and
- c. proof of complete control over and possessory interest in the land and building.

Application Process

Please Note: Applications for a new Domestic Distillery Additional Manufacturing Building or transfer of location of the Domestic Distillery Additional Manufacturing Building will need approvals from local building, health, and fire code officials before we can approve this application.

To apply for a Domestic Distillery Additional Manufacturing Building, you must be duly licensed in Montana as a domestic distillery and hold the appropriate Alcohol and Tobacco Tax and Trade Bureau (TTB) permit as a distillery.

Once we have received your application and an investigation has been conducted to verify your location meets state law and department regulations, we will contact you to approve the additional building(s).

Additional Information Required When Completing Your Application

The types of documents that are necessary for an application to be considered complete are listed below. Review this list carefully and send us copies of the required documents along with the applicable documents for your business entity.

Required Documents

- Verification that the TTB approved federal registration to operate the additional manufacturing building(s) under the same basic permit.
- Verification that local building, health and fire officials approved the building(s) for its intended use.
- Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating).
- Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms.
- Floor plan (including business name, physical address, outer dimensions, liquor storage etc.)
Do not send in the original blueprints, only a copy of the floor plan.

Send your 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, or Montana Relay at 711 for hearing impaired.

Section 3 – Questions

- 1. Does any member, shareholder or partner have ownership interest in a retail alcoholic beverages license, agency liquor store, beer wholesaler, or table wine distributor license in any state or country?
 Yes If Yes, please explain _____
 No
- 2. Does any person other than the licensee have financial interest in your business?
 Yes If Yes, list the name and address and give a brief description of the involvement. (Attach an additional sheet if necessary.) _____
 No
- 3. Do you own or are you purchasing the building proposed for licensing?
 Yes If Yes, send a purchase agreement or current tax bill
 No If No, send a lease agreement
- 4. Do you own the furniture, fixtures, and equipment used at the location?
 Yes
 No If No, send a lease or purchase agreement.
- 5. Is the building ready for use?
 Yes
 No If No, list expected date of completion
 Building is newly constructed _____
 Remodel of existing premises _____

Section 4 – 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 _____ Phone _____

Signature _____ Date _____

Printed Name _____ Phone _____

Signature _____ Date _____

Printed Name _____ Phone _____

Mail completed application and all required and applicable documents and fees 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 hearing impaired.