

Authorization and Release

Authorization for examination and release of information for use in assessment of a gifting statement in this alcoholic beverage license application

I, _____ (person gifting), do hereby authorize a review, full disclosure, and release of any and all records concerning me to any duly authorized officer, agent, or employee of the Montana Department of Revenue, Alcoholic Beverage Control Division, or Montana Department of Justice, Gambling Control Division, that they determine relates to the applicant's qualifications for alcoholic beverage licensure, whether the records are of a public, private, or confidential nature, with the following understanding:

1. The information reviewed, disclosed, or released may be used by the State of Montana to determine whether to issue an alcoholic beverage license to the applicant in accordance with MCA§16-4-401.
2. I release the providers of the information collected pursuant to this authorization of any liability under state or federal privacy laws and further release the State of Montana, its officers, agents and employees from any liability that may be incurred as a result of the collections and lawful use of the information.
3. If this authorization is not sufficient to obtain access to certain records, I may be requested to execute some other appropriate authorization or release and that any failure to do so may be taken into consideration by the Montana Department of Revenue, Alcoholic Beverage Control Division, in its review of this alcoholic beverage license application.
4. I understand that I may revoke this authorization in writing at any time and that the Montana Department of Revenue, Alcoholic Beverage Control Division alcoholic beverage license application.
5. The validation period for this authorization is not to exceed one year and may be reaffirmed if required by the Montana Department of Revenue, Alcoholic Beverage Control Division.
6. A photocopy or electronic copy of this authorization has the same force and effect as the original.

Signature of Person Gifting **x** _____

Date

M	M	D	D	Y	Y	Y	Y
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Printed Name _____

Phone

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Notary Public

State of _____

On this _____ day of _____, 20____

County of _____

_____ personally appeared before me
a Notary Public of the State of _____

Notary Signature _____

Print Name of Notary _____

My Commission Expires _____

Mail complete application, required documents to:

Alcoholic Beverage Control Division
PO BOX 1712
Helena, MT 59604-1712

NOTE: This form usually accompanies a license application form.

Contact ABCD if you have any questions
at DORABCD-O&E@mt.gov