



**Section IV – 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 **x** \_\_\_\_\_

Date 

M	M	D	D	Y	Y	Y	Y
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Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Mail the completed form to:

Montana Department of Revenue Alcoholic Beverage Control Division  
PO Box 1712  
Helena, MT 59624-1712

Or email the form to [DORAlcoholicBeverageControl@mt.gov](mailto:DORAlcoholicBeverageControl@mt.gov).

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